

<b>Case Number:</b>	CM14-0053866		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 2010. In a Utilization Review Report dated April 7, 2014, the claims administrator denied a request for 18 sessions of postoperative therapy on the grounds that an associated request for a lumbar fusion exploration/revision surgery was deemed not medically necessary through a separate utilization review report. The claims administrator referenced a March 14, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On February 26, 2014, the applicant reported persistent complaints of low back pain, 8/10, with associated radiation of pain to lower extremities. Hyposensorium was noted about the leg. The applicant exhibited a visibly antalgic gait. The attending provider contended that previously ordered lumbar spine x-rays revealed no evidence of fusion at L4-L5 and suggested that the applicant undergo fusion exploration and hardware replacement procedure at L4-L5. Norco, Flexeril, Prilosec, and a sleep aid were endorsed. The attending provider acknowledged in its RFA form of March 14, 2014, that the fusion was "possibly" not fused. Postoperative physical therapy, a home health evaluation, chest x-ray, laboratory testing, and bone growth stimulator were all concomitantly proposed. The x-rays of the lumbar spine dated December 3, 2014 were officially read as notable for postoperative status at L4-L5 with minimal narrowing at L3-L4 and L4-L5. Metallic devices were evident at the L4-L5 level. In an earlier progress note dated November 27, 2013, the attending provider noted that CT scanning of the lumbar spine of September 3, 2013 demonstrated evidence of a fusion and

laminectomy at the L3-L4 and L4-L5 levels. No disk protrusions, central canal stenosis, or neuroforaminal narrowing was noted elsewhere.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Post op PT 3x a week x 6 weeks; lumbar spine (3 of 3): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for 18 sessions of postoperative physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do endorse a general course of 34 sessions of treatment following spinal fusion surgery, as was proposed here, in this case, however, there was no evidence that the applicant had received approval for, had undergone, or was scheduled to undergo the lumbar fusion exploration/revision surgery, which was also the subject of dispute. The primary request for lumbar fusion surgery was denied through the utilization review process and through a separate independent medical review report (CM14-0053547). Since the primary request for a lumbar fusion, surgery has been deemed not medically necessary, the derivative or companion request for associated postoperative physical therapy was likewise not medically necessary.