

<b>Case Number:</b>	CM14-0076154		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old male with an injury date of 04/17/12. Based on the 02/24/14 progress report, the patient complains of a constant throbbing sensation in the low back with severe electric-like shooting sensation radiating into his legs especially his right buttock and lateral leg. He feels as though someone is "stabbing him with a knife." The 03/24/14 report says that the patient has numbness, tingling, and pins-and-needles going down the left leg. He rates his pain as an 8/10. The patient walks with an antalgic gait and is unable to walk on heels and toes. The 04/16/14 report indicates that the patient has difficulty seating and standing for any length of time because of his pain. He has severe tenderness upon palpation of his lumbar spine. The patient has a decreased range of motion as well. The patient's diagnoses include the following: 1) Failed back surgery syndrome 2) Lumbar radiculopathy 3) Facet arthropathy The utilization review determination being challenged is dated 05/01/14. Treatment reports were provided from 11/04/13 to 04/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Guidelines for the Low Back Physical Medicine Page(s): 25-26; 98-99.

**Decision rationale:** The patient presents with a constant throbbing sensation in the low back with severe electric-like shooting sensation radiating into his legs especially his right buttock and lateral leg. The request is for POST OP PHYSICAL THERAPY LUMBAR SPINE (no quantity specified). MTUS page 25-26 regarding post-surgical guidelines for the low back allows for the following: Postsurgical treatment (fusion): 34 visits over 16 weeks \*Postsurgical physical medicine treatment period: 6 months. MTUS pages 98 through 99 have the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 also state that for "myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended." The 04/16/14 report states that the patient is a "surgical candidate... [for] a decompression and fusion at L3-4 level." The patient has adjacent segment disease at the L3-4 level. There is no indication of when the patient will have this surgery or if it has been authorized. Therefore, MTUS guidelines pages 98-99 were referred to. The patient is allowed 9 to 10 visits for myalgia and myositis and 8 to 10 visits for neuralgia, neuritis, and radiculitis. In this case, there is no quantity of physical therapy specified and it is unknown how many sessions of therapy the patient intends on having. Therefore, the requested post op physical therapy IS NOT medically necessary.