

<b>Case Number:</b>	CM15-0141580		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

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

This injured worker is a 50-year-old male who sustained an industrial injury on 10/14/13. Injury was sustained when he fell backwards from a 6-foot ladder, landing on his back. Past medical history was positive for hypertension, possible diabetes, and probable alcoholic hepatitis/cirrhosis. He underwent an interlaminar laminotomy at L5/S1 on 4/17/14. The 12/16/14 lumbar spine MRI impression documented a slight disc bulge at L5/S1 that does not approach the ventral thecal sac or budding S1 nerve roots. There was no canal or significant foraminal stenosis. At L4/5, there was a small central disc protrusion with partial annular tear which mildly flattened the intrathecal sac without nerve impingement, and minimal central canal stenosis. The 5/26/15 treating physician report cited complaints of erectile dysfunction following back surgery. He had been prescribed Cialis but it did not help and he had side effects. He was continuing with psychological treatment, under the care of his primary care physician for internal complaints, continuing physical therapy for his low back, and was taking Norco and Soma for pain relief. Cervical spine complaints included grade 8-10/10 neck pain radiating into both upper extremities with numbness and tingling. Lumbar spine complaints included grade 5-6/10 low back pain radiating into both lower extremities with cramping, numbness and tingling. Pain included with prolonged standing, walking, and sitting. Cervical spine exam documented decreased range of motion and positive Spurling's test. There was decreased sensation over the C4 and C5 dermatomes, decreased C5 and C6 strength, and diminished biceps reflexes. A lumbar spine exam was not documented. The diagnosis included C3/4 and C4/5 disc herniations with stenosis and bilateral neuroforaminal narrowing, grade 1 spondylolisthesis and instability at C3/4, and s/post-operative interlaminar laminotomy at L5/S1, stable with residuals. The

treatment plan included anterior cervical discectomy and fusion at C3/4 and C4/5 and associated surgical requests. Authorization was requested for post-operative physical therapy for the lumbar spine and cervical spine (frequency/duration and quantity not specified), and urology evaluation. The 6/17/15 utilization review certified the request for ACDF at C3/4 and C4/5 with a modification in the non-specific request for post-op physical therapy for the cervical spine to 12 visits, consistent with the Post-Surgical Treatment Guidelines. The request for lumbar spine physical therapy was non-certified based on peer-to-peer discussion which indicated this was not medically necessary. The request for urology evaluation was non-certified as the treating physician indicated that the injured worker had recovered and a urology consult was not recommended at this time.

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

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

**Post-operative physical therapy for the lumbar spine and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of cervical fusion (after graft maturity) suggest a general course of 24 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course, or up to 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The 6/17/15 utilization review modified this non-specific request for the cervical spine to 12 initial post-operative visits consistent with guidelines. There is no compelling rationale to support the medical necessity of additional certification at this time. Regarding the low back, the California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. There is no current physical exam relative to the lumbar spine that establishes a functional deficit to be addressed by additional supervised physical therapy. Records indicated that physical therapy had been on-going since at least 6/3/14 with no documentation of objective measurable functional improvement. There is no compelling rationale to support the medical necessity of additional lumbar spine physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.

**Associated Service: Urology evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines state that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. ACOEM guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. This injured worker presents with on-going complaints of erectile dysfunction following lumbar spine surgery. The use of Cialis was reported as ineffective and side effects were noted. A urology consultation is reasonable as this is would be considered outside the treating physician's armamentarium. Therefore, this request is medically necessary.