

<b>Case Number:</b>	CM15-0144799		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 33 year old male who sustained an industrial injury on 11-21-14. He had complaints of low back and right thigh pain. Treatments include: medication, physical therapy, acupuncture, epidural injection and surgery. Progress report dated 6-11-15 reports 3 month follow post op back surgery. He is improved but slower than expected. His leg pain has improved but his back pain has increased. Physical therapy was helping. The pain is intermittent ranging between 7 and 8 out of 10. He reports a constant low level of pain. Diagnosis: status post decompression and lumbar displacement. Plan of care: recommend pool therapy 3 times per week for 4 weeks. Work status: off work until 6-26-15. Follow up in 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post op Physical therapy 3xwk x 4wks Lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The claimant sustained a work-related injury in November 2014 and underwent lumbar spine surgery on 03/15/15 where a lumbar decompression was performed. As of 05/29/15 there had been 11 physical therapy treatment sessions with benefit. The claimant's BMI is 26. When seen, his leg pain had improved but he was having more leg pain. Pain was rated at 7-8/10. There was decreased spinal range of motion with normal strength. Pool therapy was requested. Guidelines address the role of therapy after a lumbar discectomy with a postsurgical physical medicine treatment period of 6 months and up to 16 physical therapy visits over 8 weeks. Guidelines recommend an initial course of therapy of one half of this number of visits. With documentation of functional improvement, a subsequent course of therapy can be prescribed and if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, additional treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the claimant has not completed the usual number of treatments following the surgery performed. The total number of treatments being requested are in excess of that recommended and are not medically necessary at this time.