

<b>Case Number:</b>	CM15-0181993		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 38 year old male who sustained an industrial injury on 7/1/13. He underwent L5/S1 posterior lumbar interbody fusion, Gil laminectomy and posterior spinal fusion with bilateral pedicle screws and rods bilaterally on 8/4/14. He completed post-op physical therapy. The 7/18/15 lumbar spine x-rays showed a solid L5/S1 fusion with intact hardware. The 9/8/15 treating physician report indicated that the injured worker was seen for low back pain. He had undergone a hardware injection and felt good for about a month, followed by return of pain. Subjective complaints included grade 7/10 right buttock pain travelling to his thigh. Physical exam documented mild antalgic gait, healed midline incision, L5 and right greater trochanter tenderness to palpation, 5/5 strength, intact sensation, symmetric deep tendon reflexes, and negative straight leg raise. A trigger point injection was performed. The injured worker was one year status post surgery and solidly fused. The option of surgery was discussed. Authorization was requested for hardware removal at L5/S1, pre-op lab tests, EKG, and chest x-ray, one day inpatient hospital stay, and post-op physical therapy 2x6. The 9/10/15 utilization review certified a request for removal of L5/S1 hardware, pre-op labs, and one day inpatient hospital stay. The associated request for post-op physical therapy 2x6 for the lumbar spine was modified to 6 initial visits as there was no documented pre-op range of motion or strength deficits significant enough to warrant 12 post-op sessions following hardware removal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Post-Op PT 2x6 for The Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine, and Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** The California Post-Surgical Treatment Guidelines and Official Disability Guidelines do not provide specific recommendations for post-op physical therapy following hardware removal. The California 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. This injured worker is approved for lumbar spine hardware removal. There is no pre-operative functional deficit documented relative to range of motion or strength to support the medical necessity of physical therapy. There is no specific functional treatment goal documented to be addressed by post-op physical therapy. The 9/10/15 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond 6 visits in the absence of a specific functional deficit and over an independent home exercise program. Therefore, this request is not medically necessary.