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| <b>Case Number:</b>   | CM15-0198545 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 10/04/2013 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 09/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male with a date of injury on 10-04-2013. The injured worker is undergoing treatment for lumbar disc disease with radiculopathy. He has a comorbid diagnosis of diabetes. The most recent physician note dated 05-14-2015 documents the injured worker is status post microscopic discectomy on 04-17-2015. He is 80% better. He is doing physical therapy. He still has some irritability with straight leg raising at 90 degrees on the left lower extremity, but overall has improved significantly. There is decreased irritability of the lumbar spine. He has a little left lower extremity weakness. He walks with an antalgic gait. He still has some nerve tension. Treatment to date has included diagnostic studies, medications, so far he has had at least 3 out of 12 physical therapy sessions, status post microscopic discectomy on 04-07-2015. On 09-25-2015 Utilization Review non-certified the request for Physical therapy, twice weekly, lumbar spine Qty: 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly, lumbar spine Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** Review indicates the patient is s/p lumbar L5-S1 microscopic discectomy in April 2015 and has completed 24 postop PT visits. Clinical exam noted good range, 5/5 motor strength with no focal deficits and cleared for work. The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar discectomy surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria without indication of acute new injury, post-operative complications, or limitations in ADLs. The patient's surgery is now over 6 months without report of complications, as the patient has reported no further pain with functional range and motor strength on clinical exam. The patient should have been instructed in a home exercise program and should continue with treatment regimen as part of functional restoration process. The Physical therapy, twice weekly, lumbar spine Qty: 6 is not medically necessary and appropriate.