

<b>Case Number:</b>	CM15-0200395		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Minnesota, Florida

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:

The injured worker is a 41-year-old female with an industrial injury dated 12-11-2012. A review of the medical records indicates that the injured worker is undergoing treatment for L4-L5 central disk herniation. According to the progress note dated 09-02-2015, record indicates a lot of pain and apprehension. The injured worker presented with crutches. The treating physician reported that he did not think she needed them. There was no foot drop. There were some nerve stretch findings on the left. The injured worker had full strength and sensation and reflexes are normal. The injured worker had many pain behaviors. The injured worker stopped Norco because it made her sick and has only been using a low dose of Motrin. The injured worker recommended Ultram, which she has at home and gave her a Medrol dose pack for post-op radiculitis. Treatment has included left L4-5 microdiscectomy on 8-25-2015, prescribed medications, and periodic follow up visits. The utilization review dated 09-14-2015, modified the request for post-operative physical therapy evaluation (original: evaluation and treatment).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy evaluation and treatment:** Upheld

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

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

**Decision rationale:** The disputed request pertains to postoperative physical therapy evaluation and treatment after a left L4-5 microdiscectomy of 8/28/2015. California MTUS guidelines indicate 16 visits over 8 weeks for a lumbar discectomy/laminectomy. The initial course of therapy is one-half of these visits, which is 8. The request as stated is for physical therapy evaluation and treatment but does not specify the number of visits that are being requested. As such, the medical necessity of the request cannot be determined.