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| <b>Case Number:</b>   | CM15-0029888 |                              |            |
| <b>Date Assigned:</b> | 02/23/2015   | <b>Date of Injury:</b>       | 08/28/2012 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2015 |

### 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 41 year old male, who sustained an industrial injury on 8/28/12. He reported back injury. The injured worker was diagnosed as having lumbar spinal stenosis, degenerative disc disease, resolving lumbar radiculopathy and low back pain. Treatment to date has included microsurgical left L4-5 and L5-S1 hemi laminar decompressions with L4, 5 and S1 foraminotomies and a left lateral microdiscectomy at L5-S1, oral medications including narcotics. Currently, the injured worker complains of improving lower back pain and left leg pain and numbness. The injured worker stated he has improved with physical therapy and the current plan of care includes additional physical therapy and continuation of oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x4 for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** The 2/04/15 Utilization Review letter states the Additional physical therapy 2x4 for the lumbar spine requested on the 1/29/15 RFA and 1/20/15 medical report was denied because MTUS postsurgical guidelines lists 16 sessions for lumbar discectomy. The 1/20/15 medical report was not provided for this review. According to the 1/30/15 orthopedic report, the patient is 141 days post L4-S1 microdecompression with left L5-S1 microdiscectomy. He reports improving back and left leg pain. The patient would like to do more PT as he remains symptomatic with lower back pain. On exam, he is neurologically stable, no weakness or loss of motion reported. Gait was normal. The patient has not returned to work. There is no documentation of functional improvement with prior PT.9792.24. 3. MTUS/Postsurgical Treatment Guidelines for "Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8)" lists the general course of care as 16 visits over 8 weeks, with a postsurgical physical medicine treatment time period of 6-months. MTUS/9792.24. 3. Postsurgical Treatment Guidelines, subsection (c)3 states: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. And in subsection (c) 3 (B) states: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period." In this case, the patient is still within the postsurgical physical medicine treatment timeframe and has already completed the general course of care for the lumbar spine. MTUS does allow for additional therapy within the postsurgical physical medicine treatment timeframe if it is determined that additional functional improvement can be accomplished after the general course of care. MTUS requires discontinuation of therapy if no functional improvement is demonstrated. The 1/28/15 orthopedic report does not provide discussion on what additional functional improvement can be accomplished nor what functional improvement occurred with the prior physical therapy. There was no discussion of loss of motion, weakness, gait or balance problems. The MTUS criteria for additional postsurgical PT have not been met. The request for "Additional physical therapy 2x4 for the lumbar spine" IS NOT medically necessary.