

<b>Case Number:</b>	CM15-0044177		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	03/16/1988
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Oregon, California

Certification(s)/Specialty: Neurological 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 male who reported an injury on 03/16/1988 due to an unspecified mechanism of injury. On 10/08/2014, the injured worker underwent imaging of the lumbar spine which showed a broad based 1.5 mm disc bulge with facet hypertrophy and increased facet signal at the L2-3, the L3-4 facets showed increased signal and there was facet hypertrophy, and the L4-5 level showed hardware was in place with minimal anterolisthesis of L4-5 and an obstruction of detail to some degree due to the presence of prosthetic disc material; the neural foramina were patent with slight encroachment on the right from disc osteophyte complex. He also underwent electrodiagnostic studies on 01/23/2015, which showed acute left L5 and subacute bilateral S1 and right L5 radiculopathy and chronic neurogenic changes were likely obtained in the lower extremity muscles innervated by the L4, L5, and S1 nerve roots bilaterally. On 02/13/2015, he presented for an evaluation. He was noted to be status post double level fusion at the L4-5 and L5-S1. It was also noted that he had adjacent level stenosis at the L3-4 and needed a compression due to his severe stenosis. It was also recommended that he undergo decompression to the L4-5 and L5-S1 level due to his nerve conduction and EMG report showing radiculopathy. On examination, he was noted to be weak in dorsiflexion on the left foot which continued to be the same. He was also noted to be losing control of his left foot. The treatment plan was for an L2-4 revision decompression and L4-5 revision decompression preoperative medical clearance x-rays and 18 postoperative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Medical Clearance with X-Rays: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/Laminectomy.

**Decision rationale:** Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedure." The injured worker is 70 years old and a pre-operative clearance would be indicated. However, the request as submitted failed to indicate the specific x-rays being requested. As such, the request for pre-op medical clearance with x-rays is not medically necessary.

**18 Post-Op Physical Therapy Sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule post-surgical treatment guidelines recommend 16 visits post surgically for a discectomy and the initial therapy is half the recommended number of visits. This request would be supported for 8 visits. The request for 18 sessions of therapy would be excessive. Additionally, the request as submitted failed to indicate the body part to be treated. Given the above, the request for 18 post-op physical therapy sessions is not medically necessary.