

<b>Case Number:</b>	CM15-0047580		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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:

The injured worker is a 51-year-old female who sustained an industrial injury on 12/31/12, relative to a trip and fall. Past medical history was reported as negative for hypertension, diabetes, or cardiac, pulmonary, renal, or gastrointestinal disorders. She denied smoking and alcohol consumption. Conservative treatment included chiropractic, physical therapy, medication management, activity restrictions, modified work, epidural steroid injection, and sacroiliac joint injection. The 8/4/14 lumbar spine MRI impression documented a 3-mm left foraminal disc protrusion at L5/S1 with abutment of the exiting left L5 nerve root. There was disc desiccation, endplate degenerative changes, and facet arthropathy at L5/S1. At L4/5, there was a 2 mm circumferential disc protrusion resulting in abutment of the descending L5 nerve roots bilaterally. There was normal disc height, endplate degenerative changes, and facet arthropathy, with a mild degree of central canal narrowing. At L3/4, there was normal disc height, mild endplate degenerative changes, and facet arthropathy with mild central canal narrowing. The 1/27/15 treating physician report cited on-going low back, left hip and leg pain associated with weight bearing and bending. Physical exam documented bilateral sciatic notch tenderness, restricted lumbar range of motion, normal lower extremity motor strength, and positive straight leg raise, left greater than right. There was decreased sensation in the left L5/S1 distribution. The diagnosis included multi-factorial spinal stenosis at L4/5, and to a lesser degree at L3/4. The injured worker had failed conservative treatment. The injured worker reported she had undergone a psychiatric evaluation, but no specific clearance for surgery was documented. Authorization was requested for lumbar decompression and fusion at L4/5 and decompression at

L3/4. The 2/10/15 utilization review non-certified the request for a lumbar decompression at L3/4 and lumbar decompression and instrumented fusion at L4/5 and associated surgical services, including post-operative physical therapy 2x4. The rationale noted no imaging support for the medical necessity of surgical intervention at L3/4, or fusion at either level. Required evidence of psychosocial clearance for fusion surgery is not documented in the file. There was no evidence in the record that this surgery had been found medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: Post-operative physical therapy 2x4:** Upheld

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. 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 period. This request for post-op physical therapy for 8 visits is consistent with guidelines for initial treatment and would be reasonable. However, there is no evidence in the file that the medical necessity of the associated surgery had been established. Therefore, this request is not medically necessary.