

<b>Case Number:</b>	CM15-0055164		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 68 year old male who sustained a work related injury December 30, 2009. Past history included s/p T12-S1 fusion, chronic lumbar radiculopathy, and diabetes. On January 23, 2015, he underwent L5-S1 revision anterior lumbar interbody fusion with allograft and an L4-5 lumbar interbody with allograft and an anterior radical discectomy at L4-5 and L5-S1, left retroperitoneal abdominal approach to L4-5 and L5-S1. Posterior procedures included L1 to pelvis posterior fusion, screw/rod, and allograft, removal of L3-4 posterior spinal instrumentation, L1-S1 complete revision microscopic laminectomy, and Smith-Petersen osteotomies. On January 29, 2015, a postoperative hematoma was evacuated. After a prolonged hospital stay, he was discharged to rehabilitation. On March 2, 2015, the injured worker presented for his first post-operative visit. He was using a self-propelled scooter, ambulating in the examining room comfortably, although complaining of severe pain. Physical examination revealed the wound was healing well with no bleeding and very minimal erythema. It is non-tender and there is no induration along the wound margins. Treatment plan included requests for physical and occupational therapies, medications and follow-up appointment in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Postsurgical Treatment Guidelines Page(s): 10 and 11.

**Decision rationale:** This is a request for 18 postoperative physical therapy visits following the above described surgeries. The MTUS postsurgical Treatment Guidelines specifies that a general course of therapy means the visits and/or time interval which shall be indicated for postsurgical treatment for the specific surgery in the postsurgical treatment recommendation. Postsurgical guidelines for a lumbar fusion specify 34 sessions over 16 weeks during a six month time interval. The initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations, in this case 17 sessions. The request is for 18 sessions, rather than the specified 17, therefore the request is deemed not medically necessary or appropriate.

**18 Occupational Therapy Visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303, Postsurgical Treatment Guidelines Page(s): 10-12.

**Decision rationale:** The request is for occupational therapy in the postoperative period following the above LS spinal surgical procedures. The request for 18 occupational therapy sessions concomitant with 18 physical therapy sessions is not indicated according to the CA MTUS guidelines. Physical therapy and occupational therapy are both physical medicine specialties. A combined total of 17 sessions of occupational/physical therapy (half the prescribed 34 sessions for lumbar fusion), however, could be considered in this case if resubmitted. As such, this request is not medically necessary.

**Percocet 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The request is for Percocet 10/325 #150 for treatment of low back pain. The CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no long-term trials of use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. Opioids appear to be efficacious but limited for short-term relief in chronic

low back pain. Long-term efficacy is unclear (greater than 16 weeks). Thus patient has been prescribed opioids since 2011 with minimal functional improvement documented and continued pain. Further long-term use is not warranted. He has also been approved for a weaning process in the past. The request is deemed not medically necessary and appropriate at this time.