

<b>Case Number:</b>	CM15-0083327		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 39 year old male who sustained an industrial injury on March 8, 2012. He has reported lower back pain and has been diagnosed with follow up surgery not otherwise specified, lumbar spondylosis without myelopathy-L5 radiculopathy, lumbar herniated nucleus pulposus, lumbago, and lumbar radiculitis/thoracic radiculitis. Treatment has included surgery and medications. Currently the injured worker had midline lumbar spine pain that radiated through the left leg affecting the shin and the top of his foot. He had numbness to the top of the left foot. Examination noted the injured worker to ambulate with a walker. Incisions were well healed. There was decreased sensation to the left leg with full motor to the bilateral lower extremities. MRI of the lumbar spine dated July 2, 2014 showed L4/5 disc desiccation with endplate changes with annular tear and disc bulge facet hypertrophy and up/down stenosis L4/5 with stenosis. The treatment request included 12 sessions of postoperative physical therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of post-operative physical therapy for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy, Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8); Postsurgical treatment (fusion): 34 visits over 16 weeks \*Postsurgical physical medicine treatment period: 6 months.

**Decision rationale:** The patient is s/p one level L4-5 lumbar laminectomy and fusion on 10/2/14, 8 months ago. Chronic Pain Guidelines, post-operative therapy allow for 34 visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over 8 months, passed the rehab period of 6 months with report of functional improvement from the 36 PT visits already rendered. The patient is beyond the guidelines recommendation for 34 visits without demonstrated operative complications or extenuating circumstances to allow for further PT beyond the guidelines criteria as the patient has intact neurological findings. Submitted reports have not demonstrated any acute new injuries requiring further therapy as the patient has past the rehabilitation period and should continue with the previously instructed independent home exercise program as noted by the therapist. The 12 sessions of post-operative physical therapy for the lumbar spine is not medically necessary and appropriate.