

<b>Case Number:</b>	CM14-0146789		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/05/1989
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 71-year-old male with date of injury of 05/05/1989. The listed diagnoses per [REDACTED] from 08/14/2014 are: 1. Recurrent lumbar disc disease with radiculopathy. 2. Status post bilateral L4 - L5 transforaminal epidural steroid injection in from 07/23/2014. According to this report the patient complains of progressive back pain with associated right greater than left lower extremity radiculopathy. He has been treated intermittently over the past few years with physical therapy, medical management, and epidural injections. The patient's symptoms have progressed to the point where they significantly affect his activities of daily living and quality of life. The examination shows the patient walks with a wide-based, slightly antalgic, right lower extremity gait. He has difficulty heel walking on the right side. There is midline tenderness at the mid to lower lumbar spine to palpation percussion. There is a loss of lumbar lordosis. Motor strength shows mild weakness of the right anterior tibialis and EHL. There is decreased sensation along the right L5 distribution. The utilization review denied the request on 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12-18 Visits Lumbar and Sacral Vertebrae (Vertebrae NOC Trunk):**  
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:** This patient presents with back pain with lower extremity radiculopathy. The patient is status post bilateral L4 - L5 transforaminal epidural steroid injection from 07/23/2014. The treater is requesting 12 to 18 physical therapy visits for the lumbar and sacral vertebrae. The utilization review partially authorized 12 post-surgical physical therapy following a certified lumbar decompression request on 08/22/2014. It appears that this request is for post-surgical physical therapy. The MTUS post-surgical guidelines page 25 and 26 on discectomy/laminectomy recommends 16 visits over eight weeks. While post-surgical therapy is appropriate following lumbar surgery, the utilization review already authorize 12 sessions and the additional 6 sessions may not be required. Furthermore, MTUS allows up to 16 sessions for the kind of proposed surgery. The request is not medically necessary.

**Cybertech Back Brace Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Supports

**Decision rationale:** This patient presents with back pain with lower extremity radiculopathy. The patient is status post bilateral L4 - L5 transforaminal epidural steroid injection from 07/23/2014. The treater is requesting a Cybertech back brace for purchase. It appears that the treater is requesting a back brace following the patient's requested lumbar surgery. The scheduled surgery is for discectomy and not for fusion. ODG supports post-op bracing for fusion surgery only and lumbar brace for this patient does not appear indicated. The request is not medically necessary.