

<b>Case Number:</b>	CM14-0097272		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family Practice, 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:

48 yr. old male claimant sustained a work injury on 10/14/05 involving the low back. He was diagnosed with foraminal stenosis and had undergone a microdiscectomy of L5-S1. A progress note on 5/12/14 indicated the claimant had 9/10 back pain. The lumbar spine had limited painful range of motion. The treating physician recommended a decompression of the L5 nerve roots, an interbody fusion of L5-S1 and a revision laminotomy anteriorly. The treating physician recommended 24 sessions of post-operative physical therapy in advance of the surgery. A subsequent order on 6/5/14 indicated a revised amount of 12 post-operative physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy total 12 visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. Ten visits over 8 weeks are recommended for therapy for myalgia and neuritis symptoms. According to the ODG guidelines, post-operative therapy is recommended for post-

surgical laminectomy can be up to 16 weeks over 8 weeks. Based on the guidelines along with the surgery intended, the request for the amount of therapy above is medically necessary.