

<b>Case Number:</b>	CM14-0211154		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/16/1998
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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, Tennessee, South Carolina  
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 67-year-old male with a 3/16/98 date of injury, status post L5-S1 fusion (undated), and status post C3-7 ACDF (undated). At the time (11/28/14) of request for authorization for Post-op physical therapy for 12 sessions for lumbar spine, there is documentation of subjective (low back pain and burning pain in both lower extremities) and objective (lumbar range of motion: extension 10 degrees, flexion 30 degrees, and lateral bending 10 degrees bilaterally, positive straight leg raise at 30 degrees, and diminished sensation in bilateral L5) findings, current diagnoses (recurrent lumbar stenosis), and treatment to date (surgery, opioid medications, and activity modifications). Medical report recommends the patient undergo a redo lumbar decompression at the L3-4 level with extension of fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy for 12 sessions for lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** California MTUS Postsurgical Treatment Guidelines identifies up to 34 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of recurrent lumbar stenosis. In addition, there is documentation of a plan for lumbar fusion surgery. However, there is no documentation of a pending surgery that is certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for Post-op physical therapy for 12 sessions for lumbar spine is not medically necessary.