

<b>Case Number:</b>	CM15-0010692		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

This 37 year old male sustained an industrial injury on 3/28/13, with subsequent ongoing low back pain. Treatment included back brace, cold packs, medications, physical therapy, chiropractic therapy, spinal injections and home exercise. Magnetic resonance imaging lumbar spine (6/30/14) showed impingement of the descending left S1 nerve root encroaching on the central canal. In a PR-2 dated 12/30/14, the injured worker reported having low back surgery on 10/21/14 (microdiscectomy at L5-S1). The injured worker reported that the back pain had lessened since last month. The pain was now localized over the surgical site on the left lumbar spine region. The left leg pain was now less severe and less frequent. Physical exam was remarkable for bilateral paralumbar muscle spasm, flexion at 25, extension at 8, right lateral flexion at 8 and left lateral flexion at 10. Work status was temporary total disability. Current diagnosis was intervertebral disc disorder with myelopathy, lumbar spine. The treatment plan included magnetic resonance imaging lumbar spine and physical therapy three times a week for two weeks. On 1/8/15, Utilization Review noncertified a request for Postoperative Physical Therapy 3x2 weeks as an outpatient status post low back surgery on 10/21/14 noting lack of documentation indicating medical necessity and citing ACOEM, ODG and MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Physical Therapy 3x2 weeks as an outpatient status post low back surgery on 10/21/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The 37 year old patient is status post left L5-S1 lumbar laminectomy and discectomy on 10/21/14, as per the operative report. The request is for POSTOPERATIVE PHYSICAL THERAPY 3X2 WEEKS AS AN OUTPATIENT STATUS POST LOW BACK SURGERY ON 10/21/14. The RFA for this case is dated 12/31/14, and the patient's date of injury is 03/28/13. Currently, the patient complains of localized back pain at the surgical site along with less severe and less frequent leg pains, as per progress report dated 12/31/14. However, in progress report dated 11/26/14, the patient states that his back is at the pre-surgical level. An MRI of the lumbar spine, dated 05/30/14 - prior to the surgery, revealed gross impingement of the descending left S1 nerve root and significant encroaching on the central canal left of midline. The patient is not working, as per progress report dated 12/31/14. MTUS post-surgical guidelines, pages 26-27, recommend 16 visits over 8 weeks for patients who have undergone laminectomy and discectomy. The postsurgical physical medicine treatment period is 6 months. In this case, the patient is status post left L5-S1 lumbar laminectomy and discectomy on 10/21/14. The RFA is dated 12/31/14, thereby indicating that the patient is within the post-operative time frame. In progress report dated 12/31/14, the treater, [REDACTED] requests for 6 sessions of PT for the lumbar spine. The report also states that [REDACTED] has order PT 3 x 2 weeks and wants the procedure to be done at a particular hospital. The current request of additional sessions is for outpatient therapy. Nonetheless, the request for 6 sessions falls within the total 16 sessions allowed by MTUS in post-operative cases. Hence, it IS medically necessary.