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| <b>Case Number:</b>   | CM15-0012375 |                              |            |
| <b>Date Assigned:</b> | 01/29/2015   | <b>Date of Injury:</b>       | 10/24/2000 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2015 |

### 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: Orthopedic Surgery

### 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 50 year old female, who sustained an industrial injury on 1/1/91 to 7/29/11 and 10/24/2000. She has reported neck and back pain. The diagnoses have included status post anterior cervical decompression and fusion, fibromyalgia, residual neck pain, protrusion with extrusion at L5-S1, thoracic spine sprain/strain, status post left shoulder arthroscopy and large protrusion at L5-S1 with failed maximum conservative care. Treatment to date has included anterior cervical decompression and fusion, epidural steroid injection to lumbar area, muscle relaxants. Exam note 12/2/14 demonstrates report that patient has failed physical therapy, epidural steroid injection and medication. Complaint of low back pain radiating into bilateral lower extremities with numbness and tingling. Exam demonstrates point tenderness L5/S1 with positive straight leg raising. Weakness to eversion and an absent Achilles reflex on the right. Recent (MRI) magnetic resonance imaging of cervical spine revealed postoperative changes, bulges and borderline stenosis with no critical stenosis. (MRI) magnetic resonance imaging of lumbosacral spine revealed straightening of lumbar spine from L1 to L5, disc desiccation, loss of posterior intervertebral disc height, 5mm central posterior disc protrusion with bilateral paracentral extension abutting the thecal sac and the left S1 nerve root in left lateral recess. There is facet arthropathy and mild left lateral recess stenosis. Currently, the injured worker complains of constant headaches and neck pain with radiation to upper extremities with associated numbness and constant mid back pain. She also notes constant low back pain. Physical exam dated 12/2/14 noted limited range of motion of cervical spine, tenderness and spasms of lumbar spine and sciatic notch tenderness. She feels the neck surgery

helped alleviate some pain. On 12/18/14 Utilization Review non-certified transportation to and from the facility, noting there is no documentation the injured worker is not able to provide private transportation to and from the facility; ODG guidelines were cited and submitted modified certification for postoperative physical therapy of lumbar spine from 24 visits to 8 visits, noting the guidelines recommended 16 visits of post op physical with half that number reserved for the initial post-op course. The MTUS, ACOEM Guidelines, was cited. On 12/26/14, the injured worker submitted an application for IMR for review of transportation to and from the facility and postoperative physical therapy of lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Postoperative physical therapy for the lumbar spine, 24 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5;722.6; 722.8):Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. In this case the request of 24 visits exceeds the initial 1/2 of the 16 visits allowed. Therefore the determination is for non-certification.

#### **Transportation to and from the facility: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter, Transportation (to & from appointments)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Transportation

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self transport. In this case the exam note from 12/2/14 does not demonstrate evidence of functional impairment precluding self transportation. Therefore the determination is for non-certification.