

<b>Case Number:</b>	CM15-0116485		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Preventive Medicine, Occupational 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:

This 37 year old man sustained an industrial injury on 2/6/2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 3/14/2013. Diagnoses include lumbosacral radiculopathy and intervertebral disc disorder. Treatment has included oral medications. Physician notes dated 5/11/2015 show complaints of continued lumbar spine pain with radiation to the bilateral lower extremities with pain and numbness. Recommendations include surgical intervention, post-operative physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 3 times a week for 6 weeks lumbar spine:** Overturned

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

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

**Decision rationale:** Authorization for transforaminal lumbar interbody fusion at the L5-S1 level with posterior instrumentation and bone grafting was submitted. According to the Post-Surgical Treatment Guidelines, the patient is entitled to the following: Postsurgical treatment (fusion): 34

visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Consequently, physiotherapy 3 times a week for 6 weeks of lumbar spine is medically necessary. However, this review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.