

<b>Case Number:</b>	CM15-0117047		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Illinois, California, Texas  
 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 66-year-old female who sustained an industrial injury on 9/25/06. The mechanism of injury was not documented. Past surgical history was positive for L3/4 fusion on 3/5/08, anterior cervical discectomy and fusion C5/6 and C6/7 on 2/9/09, and L2-S1 posterior spinal fusion, including a revision, on 7/15/14. The 3/16/15 spine surgery report cited continued severe back pain radiating to the lower extremities, left greater than right, with numbness and tingling. Physical exam documented ambulation with a cane, and diffuse tenderness to palpation over the lumbar spine, especially over the hardware sites in the lower levels and sacroiliac joints. She had 5/5 lower extremity strength and negative straight leg raise signs. Lumbar spine x-rays were taken and showed a mild truncal shift towards the right side, and right lumbar curve measuring approximately 20 degrees from T12 to L5 with apex at L2/3. There was posterior fixation from L2 to S1 in the form of bilateral pedicle screws, rods and crosslinking device. There was lucency around both S1 screws. The 3/26/15 lumbar spine CT scan impression documented prominent posterior osteophytes with generalized disc protrusion with screws placed in the pedicles from L2-S1. Large right paramedian disc herniation was seen at L5/S1 compressing the exiting right L5 nerve root as well as the right S1 nerve root. The 5/28/15 treating physician report cited incapacitating symptoms that had failed conservative treatment. There was current imaging evidence of hardware loosening which had likely caused wedging of the vertebra L5 on S1 and disc protrusion and neuroforaminal entrapment at L5/S1 which was quite severe. She had extensive perineural fibrosis and history of pseudoarthrosis and hardware failure. Authorization was requested for L5/S1 redo transforaminal lumbar interbody fusion,

removal of instrumentation, exploration of fusion, and redo posterior spinal fusion. Authorization was also requested for post-operative physical therapy for the lumbar spine 3 times weekly for 6 weeks. The 6/3/15 utilization review certified the request for L5/S1 redo transforaminal lumbar interbody fusion, removal of instrumentation, exploration of fusion, and redo posterior spinal fusion with associated requests for assistant surgeon, 3-day inpatient hospital stay, lumbar brace, island bandage, and bone growth stimulator. The associated request for post-operative physical therapy for the lumbar spine 3 times weekly for 6 weeks was modified to 17 initial visits consistent with Post-Surgical Treatment Guidelines.

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

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

**Related surgical service: post-operative physical therapy for the lumbar, three times weekly for six weeks:** Upheld

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. The 6/3/15 utilization review recommended partial certification of 17 initial post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care as an exception to guidelines. Therefore, this request is not medically necessary.