

<b>Case Number:</b>	CM15-0124831		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/22/1999
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 71 year old male, who sustained an industrial injury on 03/22/1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post lumbar five to sacral decompression and fusion, symptoms of spinal stenosis with neurogenic claudication likely adjacent to segment degeneration. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and above noted procedure. In a progress note dated 02/18/2015 the treating physician reports complaints of back pain and leg pain with the right worse than the left along with stabbing and burning pain to the calves and the right foot. The injured worker also had complaints of numbness to the legs. Examination reveals decreased strength to the right extensor hallucis longus. The treating physician notes an magnetic resonance imaging of the lumbar spine with an unknown date that was remarkable for significant foraminal stenosis on the right side at the fusion site of lumbar five to sacral one, moderate to severe stenosis at lumbar four to five with significant lateral recess stenosis bilaterally, and moderate stenosis at lumbar three to four with lateral recess with the left greater than the right and left greater than the right foraminal stenosis. The treating physician has recommended decompression at lumbar three to four and lumbar four to five, revision foraminotomy of lumbar five to sacral one, and fusion from lumbar three through five with re-instrumentation from lumbar three to sacral one. The treating physician requested 18 sessions of post-operative physical therapy, but the documentation did not indicate the specific reason for the requested therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**18 post op physical therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 18 postoperative physical therapy visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post L5 - S1 decompression and fusion; and L3 - L4 and L4 - L5 adjacent segment degeneration with spinal stenosis with neurogenic claudication. The date of injury is March 22, 1991. The request for authorization is dated May 5, 2015. According to a progress note dated June 24, 2015, the treating provider requested L3 - L4 and L4 - L5 revision decompression foraminotomy. The documentation states the procedure was denied. If the procedure is denied, the postoperative physical therapy request is denied. Consequently, absent clinical documentation with approval of the surgical procedure (L3 - L4 and L4 - L5 revision decompression foraminotomy), 18 postoperative physical therapy visits is not medically necessary.