

<b>Case Number:</b>	CM15-0177078		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 36 year old female, who sustained an industrial-work injury on 9-22-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation with neuropathy, lumbar spinal stenosis, and previous history of lumbar surgery. Medical records dated (3-11-15 to 7-27-15) indicate that the injured worker complains of left low back pain with radiation of pain to the left lower extremity (LLE) and aggravated by pressure on the left buttock and prolonged sitting or standing. It is relieved with lying down. The pain is rated 7-10 out of 10 on pain scale and is constant and remains unchanged. The medical record dated 7-27-15 the physician indicates that work related injury approximately 9 months ago with severe sciatica and associated disc herniation. She has failed pain medications, epidural steroid injection (ESI) and physical therapy and believes surgical intervention is appropriate at this time. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-24-15 the injured worker has not returned to work. The physical exam dated 8-24-15 reveals that the lumbar exam shows that the gait is antalgic and she leans to the right with stiffness and she uses a cane at home and outside. She leans to the right in the chair. There is tenderness to palpation of the left lumbar paraspinals, left lateral hip and thigh and posterior calf. The lumbar range of motion is limited in all planes. The motor strength is 3 out of 5 in the left leg. The physician indicates that the injured worker had lumbar surgery 8-4-14 and requires post-operative physical therapy. Treatment to date has included pain medication including Norco, Neurontin, and Tramadol, history of lumbar laminectomy 8-4-14, diagnostics, left greater trochanteric bursa injection 3-11-15 and 4-11-15 with 50 percent relief of left leg

pain, aquatic therapy with some relief, previous physical therapy (unknown amount) with slight relief, epidural steroid injection (ESI) (unknown amount) and other modalities. The medical record dated 8-24-15 the physician indicates that Magnetic resonance imaging (MRI) dated 10-8-14 reveals broad left paracentral disc protrusion at L5-S1 and some degenerative disc disease (DDD). The physician also indicates that X-Ray of the lumbar spine reveal multi-level degenerative changes that are mild in severity. The request for authorization date was 8-24-15 and requested service included Post op physical therapy x 12 sessions for the lumbar spine. The original Utilization review dated 9-1-15 non-certified the request as the medical necessity of the post-operative physical therapy was not established.

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

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

#### **Post op physical therapy x 12 sessions for the lumbar spine: 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), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** The claimant sustained a work injury in September 2014 and underwent a lumbar microdiscectomy with laminectomy and facetectomy on 08/04/14. When seen, she was happy with the results of surgery. She was standing and sitting straighter and there had been a resolution of leg numbness. However, she was having constant pain rated at 7/10. Physical examination findings included an antalgic gait with use of a cane. She was leaning to the right when sitting and standing. There was left lumbar paraspinal, lateral hip and thigh, and posterior calf tenderness. There was decreased range of motion with decreased left lower extremity strength. Authorization was requested for postoperative physical therapy. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.