

<b>Case Number:</b>	CM15-0075867		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 73 year old female, who sustained an industrial injury on 12/30/2011, while employed as a caregiver. She reported that her client fell into her, pushing her up against furniture. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, lumbar spinal stenosis, and lumbosacral neuritis or radiculitis, not otherwise specified. Treatment to date has included diagnostics, medications, and lumbar spinal surgery on 9/16/2014. A prior lumbar laminectomy discectomy was noted in the 1970's. Currently, the injured worker complains of increased low back pain, rated 6/10. Her wound was clean and post-operative imaging was referenced. The physician progress notes did not support physical therapy treatment after surgical intervention to the lumbar spine on 9/16/2014. The treatment plan included post-operative physical therapy (3x4) for the 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 3 times a week for 4 weeks, lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy, Intervertebral disc disorders without myelopathy.

**Decision rationale:** The patient is s/p one level lumbar discectomy with arthrodesis at L3-4 on 9/16/14, over 8 months ago. Current PR2 of 4/2/15 from the provider noted x-rays with good position of hardware and progression of fusion. There was limited information regarding current limitations, previous PT visits or its benefit if any. MTUS Guidelines, post-operative therapy allow for PT visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over 8 months without report of functional improvement from therapy treatment already rendered. Submitted reports have not demonstrated acute neurological deficits requiring further therapy as the patient has past the rehabilitation period and should be independent with a home exercise program. The Postoperative physical therapy 3 times a week for 4 weeks, lumbar spine is not medically necessary and appropriate.