

<b>Case Number:</b>	CM15-0097702		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 42 year old female with an industrial injury dated 03/06/2014. Her diagnosis was lumbar stenosis. Prior treatment included anti-inflammatories, physical therapy and epidural injection. She presents on 04/03/2015 with complaints of neck pain radiating to the right arm, low back and left leg. Physical exam noted tenderness to palpation of the cervical spine. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature. Sensation was diminished over the left lumbar 5 dermatome. MRI dated 07/24/2014 showed disc desiccation at the lumbar 5-sacral 1 level. Lumbar 4-5 showed focal central disc protrusion indenting thecal sac. The provider noted the injured worker had failed conservative treatment with anti-inflammatories and physical therapy and had only temporary improvement with epidural injection and had neurologic deficit that was concordant with MRI findings. The recommendation was for a lumbar 4-sacral 1 decompression and possible fusion. The request for this review is post-op physical therapy - quantity 16.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy Qty: 16: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3, 15-16.

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

**Decision rationale:** The claimant sustained a work injury in March 2014. She continues to be treated for chronic radiating low back pain. When seen, treatments had included physical therapy, chiropractic care, epidural injections, and medications without benefit. An MRI of the lumbar spine included findings of multilevel disc protrusions with neural compromise at L5-S1. When seen a lumbar decompression and fusion was recommended. This request is for postoperative physical therapy. Post surgical treatment after the claimant's surgery includes up to 34 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The request is well within with guideline recommendations and therefore medically necessary.