

<b>Case Number:</b>	CM14-0140807		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 39-year-old male who sustained an injury on 10/29/13. As per the report of 07/21/14, he stated that his leg pain was much better after the surgery but there was some numbness, which was same as it was before the surgery. He stated that he had severe pain at night. Examination revealed well-healed surgical scar at lumbar spine. Range of motion was 70 degrees of flexion, 5 degrees of extension, 15 degrees of tilt and 20 degrees of rotation bilaterally. There was decreased sensation at left S1 distribution. Straight leg raising was negative. A magnetic resonance imaging scan of the cervical spine done on 01/10/14 revealed minimal to mild multilevel cervical disc disease with a 1.5 mm disc protrusion at C3-C5. A magnetic resonance imaging scan of the lumbar spine done on 01/10/14 revealed moderate to severe multilevel lumbar disc disease with 3.8 mm disc protrusions at L2-L3, L3-L4 and L4-L5, and 8 mm disc protrusion at L5-S1. A magnetic resonance imaging scan of the left knee done on 01/10/14 revealed an oblique tear of the posterior horn of the medial meniscus. Current medications were Zanaflex and Relafen. His diagnoses include status post left-sided LS-S1 hemilaminotomy and microdiscectomy. He was put on straight leg raise exercises and core muscle strengthening exercises. A 04/30/14 report indicates that he failed conservative therapy. 20 postoperative physical therapy sessions were authorized. Postoperative physical therapy for 12 sessions was requested on 03/26/14. Physiotherapy two times a week for four weeks was requested on 07/09/14. Per reports there was no documentation of improved visual analog scale score, objective examples of functional improvement, or medication sparing effect with the previous treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As per Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 16 physical therapy visits over 8 weeks for post-surgical laminectomy and discectomy, 34 physical therapy visits over 16 weeks for lumbar spine fusion. The Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the worker utilizing a home exercise program. At this juncture, this worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.