

Case Number:	CM13-0045477		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2013
Decision Date:	03/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 physician 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:

This is a 37-year-old male who was working as a bus driver and had gradual onset of mid back pain on 09/09/2013. A handwritten note dated 10/23/2013 indicates that he completed 4 sessions of physical therapy so far. It was noted that he had increased pain and headaches as he increased exercises at PT (physical therapy). He reported had pain relief x1 day after use of TENS (transcutaneous electrical nerve stimulation) at PT, he was working full duty, on exam ROM (range of motion) to neck is without pain there is tenderness to palpation over left paraspinous muscles at C6-T4 levels and no spasm, nontender over left trapezius muscle ROM without pain, strength 5/5, DTRs 2+ and sensation intact. He was diagnosed with dorsal thoracic strain and released to full duty. The current request is for 6 additional sessions of physical therapy for the thoracic spine, 3 times a week for 2 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of Physical Therapy 3 times a week for 2 weeks to Thoracic Spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 308-311 and 531-538.

Decision rationale: As per the note dated 10/23/2013 he completed 4 sessions of physical therapy and reported pain relief with TENS unit. He was working full duty on exam, there was full ROM without pain strength was 5/5, DTRs 2+ and sensation intact. There is no objective evidence of functional impairment. The criteria for additional 6 sessions of physical therapy are not supported by the guidelines and thus, the request is non-certified.