

<b>Case Number:</b>	CM13-0046439		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 32 year old male with a date of injury of 9/12/2008. The medical records indicate that the patient is undergoing treatment for thoracic spine strain/sprain, sleep loss, depression, hypertension, and posterior tendonitis with accessory bone fracture of the navicular bone. Physical exam findings on 10/1/2013 include tenderness to palpation over bilateral paravertebral muscles of thoracic/lumbar spine, normal straight leg test bilaterally, decreased range of motion to thoracic/lumbar spine, and normal neurological exam. A progress note dated 10/23/2013 indicates that the patient is having ongoing problems with his back, focal tenderness at L5-S1, and pain with flexion and extension. The progress note does indicate that patient was status post laminectomy/microdiscectomy L5-S1, but documents do not specify when these procedures were performed or provide any additional information. Medication treatment has included tramadol 50mg as needed and Soma (no dosage specified). The medical records do not indicate any prior physical therapy of the lumbar/thoracic spine. The treating physician requested physical therapy to the thoracic spine to help with pain while increasing strength and range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the thoracic spine (3 times per week for 4 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** The California MTUS guidelines state that physical therapy is allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The Official Disability Guidelines quantify its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. The ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The request for 12 sessions is in excess of the guidelines. The ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks. While there was a progress note that indicated the patient was status post laminectomy and microdiscectomy L5-S1, there was no mention of when the procedure occurred. Additionally, there is no documentation to support that this physical therapy request is linked to the laminectomy procedure. As such, the requested physical therapy is not medically necessary at this time.