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| Case Number: | CM13-0059309 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/18/2013 |
| Decision Date: | 05/09/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50 year-old male who reported an injury on 07/13/2013 and the mechanism of injury was from lifting. The current diagnosis is thoracic and lumbar strain/sprain injury. The clinical note from 10/18/2013 on examination of the thoracic spine revealed there was moderate to severe tenderness in the intrascapular region with spasm on the right column and is around the T6-T7 region. The lumbar spine examination has moderate tenderness with some spastic activity to the right column. The flexion was 40 degrees, extension was 15 degrees, left bending was 25 degrees and right bending was 35 degrees. The pain was noted at 8/10 at the thoracic spine and 7/10 in the low back with a burning sensation radiating into the left neck and right leg. Prior treatments had included use of medications, injections and physical therapy. The documentation indicated that the injured worker was attending physical therapy and it was not providing much relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation indicated the injured worker had prior therapy sessions that were not of much benefit. There was a lack of documentation of the quantity of sessions that were attended. Given the above, the request for Physical Therapy, 2 x per week for four weeks, for the Lumbar Spine is not medically necessary.