

<b>Case Number:</b>	CM13-0068885		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 10/15/2011 after lifting wine cases and stocking wine bottles. The injured worker reportedly sustained an injury to the cervical and thoracic spine. The injured worker's treatment history included multiple medications, epidural steroid injections of the cervical and thoracic spine, a medial branch block of the cervical spine, a right sided discectomy of the thoracic spine, and physical therapy. The injured worker was evaluated on 09/24/2013. It was documented that the injured worker had 9/10 pain in the cervical and thoracic spine. Physical findings included a scar over the T1-2 area on the right with restricted range of motion secondary to pain, decreased sensation in the C8 and T1 dermatomal distributions. It was noted that a nonsurgical conservative approach to the injured worker's pain was recommended. A request was made for 8 physical therapy sessions for the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT (8) PHYSICAL THERAPY SESSIONS FOR THORACIC SPINE: Upheld**

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

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

**Decision rationale:** The requested 8 physical therapy sessions for the thoracic spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 8 to 10 visits of physical therapy for radicular and myofascial complaints. However, California Medical Treatment Utilization Schedule also recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker is participating in a home exercise program; however, the injured worker continues to have significant pain complaints. Therefore, a short course of therapy to include 1 to 2 sessions to reassess and reeducate the injured worker's home exercise program would be appropriate. However, a full course of treatment would be considered excessive. As such, the requested 8 physical therapy sessions for the thoracic spine are not medically necessary or appropriate.