

<b>Case Number:</b>	CM14-0002852		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 female who reported an injury on 10/10/2011. A physical therapy discharge summary indicated that the injured worker completed 6 visits. She reported no progress and continued to report constant pain that was 2-5/10 from 3-7/10 before therapy, she met only one short term goal and still reported no subjective change. On 12/18/2013 she was seen for a pain evaluation. The injured worker had tenderness over the facet joints bilateral at T7-7 and T7-8. Range of motion of the thoracic spine was noted to be restricted with pain on extension. Hyperextension of thoracic spine caused increased pain. There were multiple trigger points with jump sign and radiation in the thoracic paraspinal muscles at T6-7, T7-8. The diagnoses were thoracic spondylitis, fibromyalgia/myositis, and thoracic spine pain. The treatment included a trigger point injection in the erector spinae muscle on the right side at the T8-T9 level. The injured worker had complete relief from the procedure. Medications taken were noted as Ibuprofen, Aleve, and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X6 FOR THE THORACIC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 99.

**Decision rationale:** The MTUS Chronic Pain 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 for a total of 9-10 visits over 8 weeks. The injured worker already had six visits and the request for six more exceeds the MTUS Chronic Pain Guidelines' recommendations. In addition, the injured worker did not have any significant improvement with the initial 6 sessions of therapy to warrant additional sessions. Therefore, the request for 6 physical therapy visits for the thoracic is not medically necessary and appropriate.

**COGNITIVE BEHAVIORAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIOR THERAPY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , COGNITIVE BEHAVIOR THERAPY, 23.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend Cognitive Behavioral Therapy (CBT) for the identification and reinforcement of coping skills. This is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial therapy should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. A psychotherapy referral after 4 weeks is considered appropriate if there is a lack of progress from physical medicine alone. The injured worker did not report any progress with 6 sessions of physical therapy and there was no documentation provided to indicate a psychological evaluation. Therefore, the request is not medically necessary and appropriate.