MAXIMUS Federal Services

Case Number:	CM14-0009265		
Date Assigned:	02/14/2014	Date of Injury:	02/21/2013
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Pain Management 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 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:

This is a male patient with a date of injury of February 21, 2013. A utilization review determination dated January 14, 2014 recommends non-certification of a referral to a spine specialist for evaluation of the thoracolumbar spine and of physical therapy for two times a week for six weeks for a total of 12 sessions. Non-certification is recommended for the referral to the spine specialist due to lack of medical necessity, and for physical therapy because there is no documentation indicating why the patient cannot participate in a home exercise program. A progress note dated December 10, 2013 identifies subjective complaints of pain in the mid-aspect of the back, constant ache of the back which prevents the ability to fully stand up, poor sleep secondary to pain, and a report of minimal improvement of symptoms with physical therapy acupuncture and medications. The patient's current medication consists of only Tylenol as needed. Physical examination identifies left thoracolumbar kyphoscoliosis, drooping of the right shoulder, pain with palpation over the lumbosacral junction, excessive thoracic kyphosis, excessive lumbar lordosis, inability to stand fully erect secondary to pain, pain with forward flexion of the lumbar spine, pain with hyperextension of the lumbar spine, negative Faber's test bilaterally, negative straight leg raise test bilaterally, bilateral hip flexion and plantar and dorsiflexion of the foot with 5/5 strength, full sensation of bilateral feet, and significant tightness of bilateral hamstrings. An MRI of the lumbar spine dated May 6, 2013 revealed no significant osteoarthritis impingement or foraminal compromise and an MRI of the thoracic spine dated April 1, 2013 revealed mild degenerative disc disease and mild neuro foraminal narrowing of T5 through T10. An x-ray of the thoracic spine dated December 10, 2013 revealed mild scoliosis of the thoracic spine. An x-ray of the lumbar spine dated December 10, 2013 was within normal limits. The diagnosis is thoracolumbar kyphoscoliosis of unknown etiology. The treatment plan

recommends physical therapy to work on core strength, flexibility and soft tissue modalities, prescription for Motrin and Flexeril, and a referral to a spine specialist for further evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO SPINE SPECIALIST FOR EVALUATION OF THE THORACOLUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: Regarding the request for referral to spine specialist for evaluation of thoracolumbar spine, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain in the thoracolumbar spine; however, the patient has not exhausted reasonable conservative treatment, the physical exam does not show deficits which would support the need for surgery, nor is there a surgical lesion on imaging studies. In light of the above issues, the currently requested referral to a spine specialist for evaluation of the thoracolumbar spine is not medically necessary.

PHYSICAL THERAPY (PT), 2 X PER WEEK FOR 6 WEEKS FOR A TOTAL OF 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, LOW BACK , 298

Decision rationale: Regarding the request for additional physical therapy for 2 times per week for 6 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, and there is documentation of ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available

for review, there is no specific objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Furthermore, it is unclear how many sessions of physical therapy have been completed thus far; the recommendation for physical therapy for curvature of spine is 12 visits over 10 weeks. In the absence of such documentation, the current request for additional physical therapy for 2 times per week for 6 weeks is not medically necessary.