

Case Number:	CM14-0026956		
Date Assigned:	06/13/2014	Date of Injury:	04/21/2013
Decision Date:	12/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	03/03/2014

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 Interventional Spine, 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 26 year old male sustained a work related injury on 04/21/2013. The mechanism of injury was not made known. According to the Utilization Review, the injured worker reported that he strained his mid and low back. According to a progress report dated 12/05/2013, the injured worker reported that treatments rendered to date has helped to moderate his pain level and associated radicular symptoms. He complained of tightness, pulling and achy pain about the mid lumbar spine that increased with twisting/turning at the waist while at work and tossing and turning in bed. He reported that pain interfered with sleep and awakened him at night. Objective findings revealed posture evaluation negative for abnormal head carriage, antalgia or axial deviation. The injured worker walked with a normal heel to toe gait. He had difficulties rising from a seated position secondary to low back pain and stiffness. Physical examination showed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine, SLR on the right at 60 degrees produced shooting pain into the post knee area negative on the left and decreased spine range of motion. Diagnoses included chronic musculoskeletal sprain/strain thoracic spine, chronic musculoskeletal sprain strain lumbar spine, thoracic spine IVD syndrome, lumbar spine IVD/DDD with right radiculopathy. Plan of care included pain management evaluation, MRI of the lumbar spine to rule out HNP and/or discogenic pain, physical therapy 1 time a week for 6 weeks and acupuncture 1 time a week for 6 weeks. Work status restrictions included 10 minute ergonomic stretch break for 2 hours worked, lifting limited to 15 lbs. or less, limited pushing/pulling up to 15 lbs. and no repetitive twisting, bending or stooping at the waist. Documentation submitted for review did not include any physical therapy or chiropractic treatment notes. Radiographic imaging was not submitted for review. On 01/23/2014, Utilization Review non-certified 6 physical therapy visits for the thoracic spine once a week for

6 weeks as an outpatient that was requested on 01/15/2014. According to the Utilization Review physician, the requested treatment would not be reasonable and appropriate at this time. He noted that the treating physician wished to continue with the same or similar treatments which have not resolved the present diagnostic strains and sprains. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits for the thoracic spine, once a week for 6 weeks as an outpatient is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98,99.

Decision rationale: This patient presents with mid-lumbar spine pain. The treater is requesting 6 Physical Therapy visits for the Thoracic Spine, once a week for 6 weeks as an Outpatient from the report 12/05/2013. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request referencing that this was an additional therapy request while waiting for diagnostics and pain management referral. In this case, the treater does not explain why additional therapy is needed. There is no discussion regarding why home exercises are inadequate. There is no flare-up or decline in function requiring additional therapy. The request is not medically necessary.