

Case Number:	CM14-0068408		
Date Assigned:	07/14/2014	Date of Injury:	10/25/2012
Decision Date:	10/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/13/2014

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 Family Medicine 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 50 year old patient had a date of injury on 10/25/2012. The mechanism of injury was not noted. In a progress noted dated 3/24/2014, subjective findings included thoracic spine pain that is constant, sharp and stabbing and migrates to her neck and back. There is neck pain across the shoulders, into both arms, associated with headaches and dizziness. Gastritis is noted along with insomnia and depression. On a physical exam dated 3/24/2014, objective findings included normal blood pressure, normal motor reflexes, and paravertebral muscle spasms. Diagnostic impression shows gastritis, stress, depression, lumbar spine myoligamentous injury, thoracic spine myoligamentous injury. Treatment to date: medication therapy, behavioral modification, physical therapy, home exercise program (HEP). A UR decision dated 4/15/2014 denied the request for physical therapy treatments #4 for thoracic spine, stating that the patient has undergone extensive physical therapy with no evidence of lasting functional improvement. The patient received a course of physical therapy of 26 total treatments over the past 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Treatments x 4 for the Thoracic Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEEM), 2nd Edition, (2004) page 114; Official Disability Guidelines (ODG) Low Back: Lumbar and Thoracic.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 10-12 visits over 8 weeks for thoracic/lumbosacral neuritis/radiculitis that is unspecified. In the progress report dated 3/24/2014, the patient continues to experience thoracic spine pain that is constant, with stress, anxiety, and depression. Furthermore, in the reports viewed, it was noted that this patient has had at least 26 previous physical therapy visits within the last year, and even transitioned into a home exercise program. There is no rationale provided as to what benefit additional physical therapy visits would provide. Therefore, the request for physical therapy to thoracic spine x4 is not medically necessary.