

Case Number:	CM14-0162332		
Date Assigned:	10/07/2014	Date of Injury:	10/16/2009
Decision Date:	02/27/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 56 year old male with date of injury 10/16/09, sustained while lifting very heavy items employed as a carpenter. The treating physician report dated 5/5/14 (11) indicates that the patient presents with pain affecting the neck and upper back. The patient complains of pain radiating across the back and down bilateral legs. The physical examination findings reveal diffuse cervicothoracic as well as lumbosacral tenderness. Cervical and lumbar spine range of motion are within normal limits accompanied with discomfort at the end of range in all planes. Prior treatment history includes ultrasound, heat/ice therapy, stretching, aquatic therapy, physical therapy, and prescribed medications. The current diagnoses are: 1. Thoracic compression T8 with ongoing mid-back pain2. History of cervical degenerative disk disease and lumbosacral degenerative disk disease 3. Probable myofascial pain and spasm4. Probable reactive depressionThere was no utilization review report found in the documents provided. The application for Independent Medical Review notes that the UR determination letter was dated 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the thoracic spine, 2 times a week for 4 weeks, QTY: 8 sessions:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with pain affecting the neck and upper back. The current request is for Physical therapy for the thoracic spine, 2 times a week for 4 weeks, QTY: 8 sessions. The requesting treating physician report was not found in the documents provided. A report dated 5/5/14 (14) states, "...it is quite reasonable to refer him back to physical therapy at least to help establish a home exercise program....so I would ask workman's comp to at least authorize for him 2-4 visits with a physical therapist..." The patient also states that previous aquatic therapy sessions were not helpful. Reports provided do show that the patient has received prior physical therapy but it is unclear how many visits have been received. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. In this case, the patient has received an unspecified quantity of prior physical therapy sessions therefore it is uncertain if the current request of 8 sessions would exceed the MTUS recommendation of 8-10 sessions. Furthermore, there is documentation that previous physical therapy was unsuccessful and there is no rationale provided as to why the patient would benefit from additional physical therapy visits. The request does not satisfy MTUS guidelines as outlined on pages 98-99. Recommendation is for denial.