

<b>Case Number:</b>	CM15-0006652		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old female, who sustained an industrial injury on 7/15/2010. The diagnoses have included status post left L5-S1 decompression 12/23/2013, thoracic pain, rule out herniated nucleus pulposus and cervical pain with upper extremity symptoms. Treatment to date has included physical therapy to lumbar spine and pain medications. Per the progress note dated 11/12/2014, the injured worker had one remaining session of physical therapy to the lumbar spine. There was concern in regards to the refractory nature of the thoracic condition; physical therapy was requested for the thoracic spine. Work status was temporarily totally disabled. According to the follow up orthopedic consultation from 12/10/2014, the injured worker was complaining of 8/10 low back pain with right greater than left lower extremity symptoms, increasing. She complained of a decline in range of motion and recalled greater improvement with recent physical therapy, 12 sessions. The injured worker complained of 5/10 thoracic pain. Activities of daily living were maintained with current medications. Objective findings included tenderness in the lumbar and cervical spine and decreased range of motion. Therapy notes from November 2014 document that the injured worker was complaining of shoulder pain and upper trapezius pain. Authorization was requested for physical therapy to the thoracic spine three times a week for four weeks. On 1/2/2015, Utilization Review (UR) non-certified a request for physical therapy to the thoracic spine, three times a week times four weeks, noting it was not clear if this was a request for initial or additional physical therapy; in addition, the proposed number of sessions exceeded the guidelines. The MTUS and ODG were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks for the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic chapter

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

**Decision rationale:** This patient presents with low back pain radiating to the bilateral lower extremities. The patient is status post lumbar decompression from December 2013. The treater is requesting physical therapy 3 times a week for 4 weeks for the thoracic spine. The RFA dated 01/15/2015 shows a report for physical therapy (thoracic spine) 3 x 4 weeks. The patient's date of injury is from 07/15/2010, and her current work status is TTD. The MTUS guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 11/21/2014 physical therapy report shows that the patient complains of increased pain in the upper traps. She is only doing light housework at home. The patient had difficulty performing ER. The 11/24/2014 report notes that the patient complains of left shoulder pain over the weekend, and she continues to have difficulty with lifting and carrying, including ADLs. The 12/01/2014 report shows visit 12/12. The patient continues strengthening and range of motion in her shoulders. The 12/10/2014 progress report notes, "recalls greater improvement with recent physical therapy, 12 sessions." In this case, while the treater notes improvement with physical therapy, the physical therapy notes show continued difficulty with performing exercises including performing activities of daily living. The MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, and improved quality of life. Given the lack of functional improvement while utilizing physical therapy, the requested 12 additional sessions ARE NOT medically necessary and exceed the 8-10 recommended sessions..