Case Number:	CM15-0137292		
Date Assigned:	07/27/2015	Date of Injury:	08/30/2013
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii
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 41-year-old male with an industrial injury dated 08/30/2013. The injured worker's diagnoses include thoracic spine musculoligamentous strain with 2.2-millimeter disc protrusion at T5-T6 causing mild stenosis. Treatment consisted of MRI of lumbar spine X-ray of thoracic spine/ lumbar spine /pelvis, prescribed medications, physical therapy, acupuncture, chiropractic treatment, epidural injections and periodic follow up visits. In a progress note dated 03/30/2015, the injured worker reported thoracic spine pain with slightly limited range of motion. Objective findings for thoracic spine revealed muscle guarding, increasing pain with terminal range of motion, paraspinal musculature tenderness to palpitation and no palpable abnormalities. The treating physician reported that the X-ray of thoracic spine and lumbar spine revealed normal bone quality with no evidence of significant degenerative disc disease. The treating physician prescribed services for repeat interlaminar epidural steroid injection (ESI) at T4-5 and T5-6, physical therapy 2 x 6 for thoracic and follow up in 8 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat ILESI at T4-5 and T5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: According to the records, the patient has ongoing pain in the thoracic spine. The current request is for repeat interlaminar ESI at T4-5 and T5-6. The attending physician states that the injections are for diagnostic purposes. The attending physician report dated 3/25/15, page 167 (b), indicates a previous ESI at T4-5 and T5-6 on 11/26/14 provided 10% relief. According to the MTUS, page 46, Epidural Steroid Injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The Criteria for the use of Epidural Steroid Injections states that no more than one interlaminar level should be injected at one session. In this case, there is no physical examination evidence of radiculopathy and no corroboration by imaging studies and/or electro diagnostic testing. Furthermore, the request asks for interlaminar injections at the T4-5 and T5-6 levels, which exceeds the MTUS guidelines, which allows one interlaminar injection per session. In addition, previous ILESI provided only 10% relief according to the attending physician report dated 3/25/15. The current request is not medically necessary.

Physical therapy 2 x 6, thoracic: Upheld

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

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

Decision rationale: According to the records, the patient has ongoing pain in the thoracic spine. The current request is for Physical Therapy 2x6, thoracic spine. The attending physician report dated 3/25/15, page 167 (b), indicates the patient has completed >20 sessions of physical therapy with [redacted] Physical Therapy and 24 sessions with [redacted] Physical Therapy. Physical Medicine is recommended as indicated below by the MTUS. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. The MTUS guidelines allow 8-10 therapy visits for neuritis and myalgia type symptoms. The current request for 12 sessions exceeds what MTUS allows for this type of condition, particularly when considering the patient has already received as

many as 44 sessions according to the records. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. The current request is not medically necessary.

Follow up in 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: According to the records, the patient has ongoing pain in the thoracic spine. The current request is for Follow-up in 8 weeks. The attending physician report dated 3-25-15, page 167 (b), requests pain management follow-up in 8 weeks. ACOEM guidelines, chapter 7, page 127 states that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Specialty referral is supported by the ACOEM guidelines in some cases. However, in this case, there is no indication that this patient will require additional pain management procedures; therefore, there is no medical necessity for follow-up in 8 weeks as the IL-T-ESI is not medically necessary.