

Case Number:	CM15-0045480		
Date Assigned:	03/17/2015	Date of Injury:	06/02/2009
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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 48 year old male, who sustained an industrial injury on 06/02/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracolumbar strain and myofascial pain syndrome. Treatment to date has included physical therapy, deep tissue massage, and medication regimen. In a progress note dated 02/03/2015 the treating provider reports complaints of pain to the thoracic spine that is noted to be improved and has a pain level of a five out of ten. The treating physician requested six more sessions of physical therapy to give him more spinal stabilization exercises and advance him in his physical therapy program as recommended by the physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x week x 6 weeks, thoracic (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

Decision rationale: The patient has ongoing middle back pain. The current request is for additional physical therapy 1 x week x 6 weeks, thoracic (6 sessions). The attending physician states, "the patient is improving. His is working full time. I am recommending 6 more sessions of physical therapy to advance the [REDACTED] as well as give him more spine stabilization exercise." The MTUS guidelines allow 8-10 sessions of therapy for myalgia/myositis, neuritis/radiculitis type of symptoms that this patient suffers from. In this case, while the MTUS supports 8-10 sessions of therapy, the records indicate the patient has already received 6 physical therapy sessions. An additional 6 sessions exceeds the MTUS guidelines and therefore is not supported by medical treatment guidelines. Therefore, this treatment is not medically necessary.