

Case Number:	CM15-0058117		
Date Assigned:	04/02/2015	Date of Injury:	05/05/2014
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on 05/05/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculopathy, and lumbosacral spine disc protrusions. Treatment to date has included chiropractic care, physical therapy, electromyogram with nerve conduction velocity, magnetic resonance imaging, and medication regimen. In a progress note dated 01/22/2015 the treating physician reports complaints of mid to upper back and lower back pain that is rated an eight out of ten to the mid and upper back and a seven out of ten to the lower back. The treating physician also noted tenderness to the paraspinal muscles to the thoracic and lumbar spine with restricted range of motion. The treating physician requested physical therapy for evaluation and treatment of the thoracic and lumbar spine two times a week for six weeks with the treating physician noting that the physical therapy assists with decreasing the amount of pain and tenderness and has noted improvement in function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the thoracic and lumbar spines two (2) times a week for six (6) weeks:
 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the thoracic and lumbar spine two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous sprain/strain with radiculopathy; lumbosacral spine disc protrusion per MRI September 30, 2014. A progress note dated February 26, 2015 shows the injured worker received 25 sessions of prior physical therapy to the thoracic and lumbar spine. The injured worker improved 10%. The treating provider recommended initiating chiropractic treatment in the progress note. On February 27, 2015 the treating provider submitted a request for authorization for physical therapy 12 sessions thoracic and lumbar spine. Utilization review physician initiated a peer-to-peer conference with the treating provider. The treating provider changed his treatment plan and decided initiating chiropractic treatment was more appropriate. Consequently, absent clinical documentation with objective functional improvement after 25 sessions of physical therapy (with 10% improvement) and a peer to peer conference call indicating chiropractic treatment is recommended, physical therapy to the thoracic and lumbar spine two times per week times six weeks is not medically necessary.