

Case Number:	CM14-0150976		
Date Assigned:	09/19/2014	Date of Injury:	05/02/2014
Decision Date:	10/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 41-year-old male who has submitted a claim for thoracic sprain/strain and lumbar sprain/strain, associated with an industrial injury date of 05/02/14. Medical records from May to September 2014 were reviewed. Injured worker apparently sustained a cumulative injury while working in his capacity as a carpenter and cabinet maker. Injured worker sought consult and was prescribed medications, work restrictions and physical therapy which injured worker discontinued after 3 visits. Injured worker had persistent pain at the thoracic and lumbar region, hence was referred to an orthopedic surgeon for assessment. An MRI of the lumbar spine done on 07/02/14 showed mild multilevel discogenic degenerative changes at L3-4 and L4-5 levels and lateral recess and foraminal narrowing at L4-5 with minimal nerve root abutment. His assessment was that injured worker was non-surgical and to continue physical therapy as previously prescribed. Injured worker had completed 6 visits in total. 09/22/14 progress report notes that injured worker had aching pain at the thoracic and lumbar regions which he considered to be moderate to intense graded at 6-7/10 with his functioning at 50% of the normal, accompanied by intermittent numbness in the left leg. He states that the pain is variable, depending on his activity level, and is made worse by bending and twisting and improved by rest and medication. On physical examination, there was pain at the thoracic and lumbar paraspinal muscles with pain on ROM and restricted ROM of the lumbar spine. Plan was to place injured worker on modified duty, continue home exercise program, medications and request for authorization for a 2nd set of physical therapy visits. Treatment to date has included 6 visits of physical therapy, work restrictions and medications (Ultracet, Orphenadrine, Relafen, Prilosec and Voltaren gel since at least 05/23/14). Utilization review date of 08/25/14 denied the request for additional physical therapy for the thoracic and lumbar spine because there were no

significant changes with only temporary relief noted with the physical therapy with no noted additional benefits that cannot be addressed by a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the Thoracic and Lumbar Spine (2x3): 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 - Lumbar & Thoracic Section, Physical Therapy.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the injured worker's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Also, according to the Official Disability Guidelines, it is recommended to have an initial 6 visit to assess for efficacy with maximum of 10 visits over 8 weeks. In this case, injured worker has already completed 6 visits with no noted improvement in pain or functional capacity. It is noted that recent progress reports state that injured worker had constant pain at 6-7/10 with his functioning at 50% of the normal and did not change over the last few consultations. There was no documentation of the objective benefits derived from these sessions or a treatment plan with defined functional gains and goals to gauge the injured worker's response to the said treatment. Injured worker is also expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for additional Physical Therapy for the Thoracic and Lumbar Spine (2x3) is not medically necessary.