

Case Number:	CM14-0214078		
Date Assigned:	12/31/2014	Date of Injury:	09/20/2001
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 & Rehabn

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 patient is a 60 year old female with an injury date on 9/20/01. The patient complains of cervical pain, and thoracic pain per 11/12/14 report. The patient had 3 ER visits very close to each other recently due to the pain per 11/12/14 report. The patient had a cervical epidural steroid injection on 1/23/14 which was no help at all per 10/9/14 report. The patient describes her pain level as 9-10/10 on average per VAS scale. Based on the 11/12/14 progress report provided by the treating physician, the diagnoses are: 1. s/p interbody fusion from L3 to S12. No evidence of displaced fracture, compression, spondylolisthesis, or dynamic segmental instability with flexion/extension. Most recent physical exam on 4/9/14/14 showed "antalgic gait. Intact to light touch along all dermatomes except L4 and L5 dermatomes on the left side." C-spine range of motion is decreased per 3/5/14 report. The patient's treatment history includes medications, cervical epidural steroid injection, TENS unit, heating pad, ice. The treating physician is requesting physical therapy for the thoracic and cervical spine (unknown quantity). The utilization review determination being challenged is dated 11/25/14. The requesting physician provided treatment reports from 1/8/13 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the thoracic and cervical spine (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with thoracic pain, and neck pain. The treater has asked for physical therapy for the thoracic and cervical spine (unknown quantity) on 11/12/14. The 11/12/14 report states: "I am recommending that she undergo cervical and thoracic physical therapy." The patient did 6 core strengthening sessions of physical therapy prior to knee surgery per 1/8/13 report. The patient has transitioned to water/gym exercises 4 times a week which is helping her to reduce pain per 9/25/13 report. Review of the reports do not show any evidence of recent physical therapy for the thoracic/cervical spines. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy for the cervical/thoracic spines and a short course of treatment may be reasonable for the patient's ongoing chronic pain. However, the treater does not indicate any rationale or goals for the requested sessions of therapy. Furthermore, the treater does not specify the number of sessions of physical therapy. The request is not medically necessary.