

Case Number:	CM15-0013949		
Date Assigned:	02/02/2015	Date of Injury:	10/25/2012
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 50 year old female, who sustained a work/ industrial injury on 10/25/12. Mechanism of injury was not available. She has reported symptoms of thoracic spine, neck, back, arm, low back pain and headache. Prior medical history was not provided. The diagnoses, as of 2/10/14, have included thoracic spine musculoligamentous injury, post concussion syndrome, lumbar spine musculoligamentous injury, secondary sleep depression, stress, anxiety, and depression. Magnetic Resonance Imaging (MRI) of the cervical spine dated 11/22/13 demonstrated grade 1 anterolisthesis of C5-C6 with resulting in some narrowing of the neuroforaminal bilateral with abutment of the exiting cervical nerve roots bilaterally. At C4-5, there is a 2 mm midline disc protrusion with mild degree of central canal narrowing. At C3-4 there is a 2 mm right foraminal spondylitic disc protrusion with abutment of the exiting right cervical nerve root. The MR I of the thoracic spine dated 11/22/13 demonstrated mild diffuse end-plate degenerative changes. Normal alignment with compression fracture identified at T3-4 and T11-12. There was a 1 mm midline disc bulge with no central canal narrowing. Treatment to date has included prior physical therapy sessions, home exercise program, chiropractic care, medication management, pain management for intra-articular injections. A request was made for physical therapy treatment. On 12/23/14, Utilization Review non-certified Physical Therapy Treatment for Thoracic Spine x 8 sessions, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for thoracic spine x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low Back and Pain, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Medical records indicate that the patient has received 26 physical therapy visits without functional improvement which is well in excess of guidelines. As such, the request for Physical therapy for thoracic spine x 8 sessions is not medically necessary.