

Case Number:	CM15-0147669		
Date Assigned:	08/10/2015	Date of Injury:	05/06/2010
Decision Date:	10/29/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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 41 year old female, who sustained an industrial injury on May 6, 2010, resulting in pain or injury to the thoracic spine. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder-severe, pain disorder with psychological and medical features, chronic pain, multilevel discogenic thoracic spine pain T2 through T12, lumbago, right leg sciatica, right sacroiliitis, and sleep disorder. On June 1, 2015, the injured worker reported a depressed mood, anhedonia, middle insomnia, diffuse abdominal tenderness, and midline thoracic pain and lumbar back pain. The Treating Physician's report dated June 1, 2015, noted the injured worker rated her pain as an 8 out of 10 with the current medications listed as Oxycontin, Chlorzoxazone, Gabapentin, Duloxetine, Adderall, Quetiapine, Alprazolam, and Vitamin D. Prior treatments have included one inpatient psychiatric hospitalization in June 2012 for experiencing suicidal ideation without suicide attempt, psychotherapy, thoracic spine surgeries in 2011 and 2014, physical therapy, occupational therapy, acupuncture, massage home TENS unit, heating pads, relaxation and imagery, homeopathic treatments, medications, and epidural steroid injections (ESIs) and trigger point injections with all injections noted to give between 6 and 8 weeks of moderate pain relief. The Treating Physician's report dated May 20, 2015, noted the injured worker with mid thoracic anteroposterior pain status post thoracic spine reconstruction, right SI joint pain, and right lower extremity radiculopathy. The injured worker rated her pain as 7 out of 10, with 9 out of 10 at the worst and 2 out of 10 at best. Physical examination was noted to show evidence of myofascial

pain and trigger points in the cervical musculature, and thoracic pain that radiates from the mid thoracic line under her bra line anteriorly and around her chest to her sternum bilaterally with evidence of myofascial pain in the thoracic paraspinal musculature. Straight leg raise was noted to be positive on the right lower extremity with palpation of the right SI joint was evident of increased tenderness and pain. The treatment plan was noted to include MRIs of the thoracic and lumbar spines, and a physical therapy consultation. The injured worker was noted to have last worked in May 2010. The treating physician's request for authorization was noted to request a MRI of the thoracic spine, and a physical therapy evaluation for the thoracic spine. The Utilization Review (UR) dated June 30, 2015, non-certified the requests for a MRI of the thoracic spine, and a physical therapy evaluation for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Neck & Upper Back, MRI.

Decision rationale: The patient presents with pain affecting the thoracic spine and right lower extremity. The current request is for MRI thoracic spine. The requesting treating physician report dated 5/20/15 (42B) states, "MRI of the thoracic and lumbar spine ordered today." The report goes on to state, "(The patient) suffered a work-related trauma secondary to moving a post-stroke victim while working as a physical therapist. It was during this time which she suffered multiple disk herniations which resulted in 2 thoracic surgeries." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding MRIs of the thoracic spine: "Not recommended except for indications list below." The guidelines go on to state the following indication: "Upper back/thoracic spine trauma with neurological deficit." The medical reports provided do not show that the patient has had an MRI of the thoracic spine previously. In this case, the patient presents with thoracic spine trauma associated with, "Memory changes, numbness, tingling, weakness, unbalance, and headaches (40B)." The current request satisfies the ODG guidelines as outlined in the "Neck & Upper Back" chapter. The current request is medically necessary.

Physical therapy (PT) evaluation for thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the thoracic spine and right lower extremity. The current request is for Physical therapy (PT) evaluation for thoracic spine. The treating physician report dated 5/20/15 (42B) provides no rationale for the current request.

MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 14 sessions of prior physical therapy for the thoracic spine. The patient is status post T4-T10 thoracic spine reconstruction in 2014 and is no longer within the post-surgical treatment period as established by the MTUS-PSTG. In this case, the current request for a physical therapy evaluation is not medically necessary, as the patient has received PT above the recommended 8-10 sessions. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.