

<b>Case Number:</b>	CM15-0175183		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 57 year old female, who sustained an industrial injury on January 21, 2015 and reported feeling a pull at her waist and immediate burning sensation and pull in her right shoulder. The injured worker is diagnosed as having a lumbar sprain-strain and thoracic sprain-strain. Her work status is temporary total disability. Currently, the injured worker complains of mid-thoracic and low back pain (left greater than right). She experiences headaches, aching neck and mid-back pain, as well as pain down the right side of her low back. She experiences increased pain from bending forward, prolonged sitting and standing greater than one hour and walking greater than three hours. Her pain is rated at 7 on 10. Physical examinations dated April 16, 2015-July 30, 2015 reveal there is "good strength in the EHL, tibialis anterior, gastrocs and quads" and sensation is intact. "Her low back range of motion is limited due to significant pain". There is tenderness on palpation of the "lower lumbosacral spine, left upper lumbar spine and the lower thoracic spine in a strip in the paraspinal muscle region". The lumbar range of motion is as follows; "flexion 30-60, extension 10-25 and lateral bending 10-25" and significant pain is noted with range of motion. Treatment to date has included medications (Flexeril, Voltaren gel, Lidoderm patches, Toradol injections x3, Tramadol, Celebrex, Tylenol, Meloxicam), neurology consult-no deficits, toxicology screen and x-rays. A request for physical therapy (2x5) for the thoracic spine was modified to 2x5 as 10 sessions are not medically necessary, per Utilization Review letter dated August 10, 2015.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 x 5 for the thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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. For neck and upper back complaints, they recommend 1-2 visits of physical therapy. 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." There is no evidence of previous physical therapy sessions. The ODG recommends 10 visits over 8 weeks. This should include a trial six-session period. The UR modified the request to 8 visits which is appropriate. As such, the request for Physical therapy 2 x 5 for the thoracic spine is not medically necessary.