

Case Number:	CM15-0022126		
Date Assigned:	02/11/2015	Date of Injury:	12/29/1995
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45-year-old female with an industrial injury dated December 29, 1995. The injured worker diagnoses include thoracic back pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/22/14, the treating physician noted pain with rotation to thoracic spine, tender thoracic spinous process at T3-T6, and tender paraspinal thoracic muscles. The treating physician prescribed services for physical therapy 2 x 8 for the thoracic spine. Utilization Review determination on January 26, 2015 modified the request to physical therapy for ten visits for the thoracic spine, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 8 for the thoracic spine: Overturned

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 ODG, Neck and Upper Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."Per the ODG guidelines: Degeneration of cervical intervertebral disc (ICD9 722.4):10-12 visits over 8 weeks. The documentation submitted for review does not indicate that the injured worker has been treated with physical therapy prior. Physical therapy is indicated for the injured worker's thoracic pain. The UR physician's rationale for denial was not available for review. The request is medically necessary.