

<b>Case Number:</b>	CM13-0037547		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation and has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old female with date of injury on 03/31/2001. The progress report dated 10/02/2013 by [REDACTED] indicates that the patient's diagnoses include: 1.) Chronic headaches, 2.) Status post closed-head injury with nasal fractures, status post reduction, 3.) Chronic right-sided jaw pain, 4.) Chronic right shoulder strain, 5.) Diffuse regional myofascial pain, 6.) Chronic pain syndrome with both sleep and mood disorder. The patient continues with headaches, neck pain, and shoulder pain. She reports that she had physical therapy for the neck and the shoulder girdle. However, this was not helpful and actually was making her symptoms worse. Exam findings included decreased range of motion of the cervical spine, full range of motion of the right shoulder with pain at end range as well as full range of motion with the elbow and wrist with pain during range of motion testing. The patient was noted to have multiple myofascial trigger points in the cervical paraspinal muscles and trapezius muscles as well as thoracic paraspinal muscles. A request was made for chronic pain, physical therapy evaluation, and 6 sessions of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy evaluation for pain quantity one:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation

ODG Guidelines Review Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

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

**Decision rationale:** The patient continues with significant pain in the neck and shoulder as well as headaches. The progress report dated 10/02/2013 by [REDACTED] indicates that the patient recently had physical therapy in the past that was not helpful and, in fact, caused the patient to have more pain. MTUS page 8 states that continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. It appears that this patient has had previous physical therapy with an unfavorable response. Therefore, the request for additional physical therapy evaluation and treatment appears to be unreasonable. Recommendation is for denial.

**Physical Therapy treatments for pain quantity six:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Guidelines

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

**Decision rationale:** The patient continues with significant pain in the neck and shoulder as well as headaches. The progress report dated 10/02/2013 by [REDACTED] indicates that the patient recently had physical therapy in the past that was not helpful and, in fact, caused the patient to have more pain. MTUS page 8 states that continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. It appears that this patient has had previous physical therapy with an unfavorable response. Therefore, the request for additional physical therapy evaluation and treatment appears to be unreasonable. Recommendation is for denial.