

<b>Case Number:</b>	CM13-0051482		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/19/2009
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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 55-year-old with a date of injury of April 19, 2009. The listed diagnoses per [REDACTED] are left lumbar spondylosis without myelopathy, low back myofascial pain syndrome, left L3, L4, L5, and S1 facet pain, acute right lateral foot pain, right lateral foot tendinosis secondary to antalgic gait from left lower limb pain and left L5 radiculopathy, cervicalgia, cervical facet syndrome secondary to left shoulder pain, acute on chronic, and rotator cuff tendonitis on the left side status post arthroscopic surgery (2012). According to report dated September 27, 2013 by [REDACTED], the patient presents with left lower limb and left shoulder pain and progressive pain in the left buttock and hip area. It was noted that the patient underwent a left L4 and L5 facet block which gave him about 20% pain relief. Physical examination revealed limited knee extension on the left side. Lumbar extension and left lateral rotation are limited by 50 degrees secondary to pain. There is positive facet loading maneuvers on the left side. The treater is requesting 6 physical therapy sessions for myofascial release and lumbar range of motion to go along with the injections the patient just recently had.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF PHYSICAL THERAPY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** This patient presents with continued left lower limb, left shoulder, left buttock and hip area pain. The treater is requesting six sessions of physical therapy for myofascial release and lumbar range of motion "to go along with the injections the patient just recently had." Utilization review dated October 18, 2013 modified certification from six sessions to two sessions stating that the Chronic Pain Medical Treatment Guidelines does not address post-injection therapy but ODG Guidelines recommends post-injection treatment of one to two visits over two weeks. In this case, medical records reveals that the patient was recently authorized twelve physical therapy sessions for the patient's shoulder pain. No recent therapy appears to have been provided for the patient's lumbar spine based on reports from February 22 to September 27, 2013, including QME report July 6, 2013. Given the patient's increased pain, a short course of 6 sessions as requested may be warranted. For physical medicine, the Chronic Pain Medical Treatment Guidelines recommends nine to ten sessions over 8 weeks for myalgia and myositis type symptoms.