

<b>Case Number:</b>	CM14-0037061		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/03/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old female who sustained an industrial injury on 8/3/2007. Her diagnoses, and/or impressions, include cervical disc herniation with radiculitis radiculopathy; lumbar sprain/strain with radiculitis/radiculopathy; left shoulder arthroscopy (2001); and status-post carpal tunnel release right wrist/hand (11/2007). Her treatments have included epidural steroid injection therapy; right shoulder arthroscopic surgery (2001) with recurrent symptoms of carpal tunnel syndrome; carpal tunnel release right wrist and hand (11/2007); electromyogram studies; physical therapy; and medication management . The physician's report of 1/2/2014, note continued pain in the lumbar spine with decreased mobility, as well as neck and bilateral wrist pain. The physician's treatment requests included 12 additional physical therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy For The Lumbar Spine, Two Visits A Week For Six Weeks Outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 298-299.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in August 2007 and continues to be treated for chronic neck, wrist, and low back pain. She is being treated for chronic pain and the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.