

<b>Case Number:</b>	CM15-0108597		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: 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 37 year old female with an industrial injury dated 04/17/2012. The injured worker's diagnoses include left scapula trigger point tendinitis, chronic neck stiffness and left trapezius trigger point tendinitis. Treatment consisted of diagnostic studies, prescribed medications, multiple cortisone injections and periodic follow up visits. In a progress note dated 04/23/2015, the injured worker reported intermittent frequent pain in the neck on the left side with slight to moderate radicular pain into the left upper arm. Cervical exam revealed slight to moderate tenderness on palpitation in the posterior cervical paravertebral muscles on the left side, tenderness and slight spasm over the left trapezius trigger point, and decrease cervical lateral rotation and tilt. The treating physician prescribed services for a course of physiotherapy two times a week for 3 weeks for the neck now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2x3 Neck:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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 injury in April 2012 and is being treated for neck pain with left upper extremity radiating symptoms. When seen, there was paravertebral muscle tenderness with spasm and pain with range of motion. The claimant is more than six months status post injury and is being treated for chronic pain. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request is medically necessary.