

<b>Case Number:</b>	CM15-0167492		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 21 year old female, who sustained an industrial injury on 9/15/14. The injured worker has complaints of low back pain with limited back motion. The documentation noted there is spasms of the neck muscles noted paracervical and trapezius and there is tenderness of the thoracolumbar spine and paravertebral musculature. The documentation noted that the range of motion of the back is restricted. The diagnoses have included sprain and strain of the thoracic, lumbar and cervical bilateral. Treatment to date has included acupuncture and chiropractic visits. The request was for physiatrist (PM&R) physical medicine and rehabilitation evaluation and treatment to lumbar, thoracic and cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiatrist (PM&R) Physical medicine and rehabilitation evaluation and treatment to lumbar, thoracic and cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 - Independent Medical Examinations and Consultations page 503-524.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and is being treated for non radiating neck and back pain. When seen, treatments had included acupuncture and chiropractic care. Naprosyn and cyclobenzaprine were being prescribed. Pain was rated at 7/10. Physical examination findings included an abnormal gait. There was cervical and lumbar tenderness without muscle spasms. There was a normal neurological examination. Work restrictions were continued. It was noted that the claimant walked in a guarded fashion in the clinical but walked comfortably to her car. An orthopedic evaluation was cancelled. Completion of acupuncture treatment was recommended and a PMR consultation with treatment was requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's has ongoing symptoms more than 9 months after injury and has not returned to unrestricted work. Reported findings suggest symptoms magnification. Although she has not had physical therapy, a PMR consultation would be appropriate for further evaluation of her condition. A quality functional capacity evaluation or specific rehabilitation treatment might be recommended. However, requesting authorization for treatment without having the result of the evaluation is not appropriate. The request that was submitted cannot be accepted as being medically necessary for this reason.