

<b>Case Number:</b>	CM15-0186911		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 30 year old male who sustained an industrial injury on 1-1-13. The injured worker reported pain in the neck, bilateral shoulders and low back. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, rule out cervical radiculopathy, bilateral shoulder sprain strain, lumbar spine sprain strain, lumbar spine sprain strain, and lumbar radiculopathy. Medical records dated 9-1-15 indicate pain rated at 4-6 out of 10. Provider documentation dated 9-1-15 noted the work status as temporary totally disabled. Treatment has included magnetic resonance imaging, lumbar spine magnetic resonance imaging, cervical spine magnetic resonance imaging, topical ointments, and physical therapy. Objective findings dated 9-1-15 were notable for tenderness to palpation at the cervical spine and bilateral shoulders, tenderness to palpation to the lumbar paraspinal muscles, decreased lumbar range of motion, "slightly decreased sensation to pin-prick and light touch at the L4, L5 and S1, dermatomes bilaterally." The original utilization review (9-8-15) denied a request for PT (physical therapy), eighteen sessions (three times a week for six weeks) for the lower back area (lumbar and/or sacral vertebra NOC trunk).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (physical therapy), eighteen sessions (three times a week for six weeks) for the lower back area (lumbar and/or sacral vertebra NOC trunk): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Neck & Upper Back Procedure Summary Online Version last updated 6/25/2015, Shoulder Procedure Online Version last updated 8/6/2015, Back Procedure Summary Online Version last updated 7/17/2015.

**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 cumulative trauma work injury with date of injury in January 2013 and is being treated for chronic neck, shoulder, knee, and low back pain. When seen, pain was rated at 4-6/10. He was frustrated by his injury and was having stress, anxiety, depression, and insomnia. Physical examination findings included cervical, lumbar and bilateral shoulder tenderness with decreased range of motion. There was decreased upper extremity and lower extremity strength and slightly decreased upper extremity and lower extremity sensation. Authorization for 18 physical therapy treatments is being requested. The claimant is being treated for chronic pain with no new injury. 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 or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.