

<b>Case Number:</b>	CM15-0045555		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old male, who sustained an industrial injury on 10/17/2013. He reported a slip and backward fall. The injured worker was diagnosed as having lumbar degenerative disc disease, left shoulder tear, chronic low back, buttock and leg pain and reactive myofascial pain. Treatment to date has included magnetic resonance imaging, physical therapy, acupuncture and medication management. Currently, a progress note from the treating provider dated 2/9/2015 indicates the injured worker reported low back, buttock and leg pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (PT) x 12 sessions for left shoulder and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99, 46.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

**Lumbar Epidural steroid injection (ESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.