

<b>Case Number:</b>	CM15-0083820		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 31 year old female who sustained an industrial injury on 09/13/2013. She reported pain in the lumbar spine with radiculopathy symptoms in the right leg, mild neck pain, right shoulder pain and occasional headaches. The injured worker was diagnosed as having cervicalgia, lumbago, and radicular syndrome. Treatment to date has included physical therapy, epidural injections, diagnostic testing, chiropractic care, pain management, medications and physical therapy. Currently, the injured worker complains of intermittent severe headache, constant moderate severe head pain, and constant flare-up of severe low back pain with left leg pain. Objectively, there is painful and limited range of motion of the cervical and lumbar spine. Palpation of the cervical and lumbar paraspinal muscles elicits pain and myospasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of therapy to include electrical muscle stimulation, manual therapy and therapeutic exercises:** Upheld

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

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

**Decision rationale:** According to the guidelines, most musculoskeletal diagnoses allow for up to 8-10 sessions of physical and up to 18 manual therapy for the back. In this case, the claimant had received an unknown amount of therapy over the past few years. Therapy noted and clinical response were not provided but the claimant had recurrent chronic pain despite multiple interventions indicating short-term benefit. There was no indication that additional therapy cannot be completed at home. The request is not medically necessary.