

<b>Case Number:</b>	CM15-0122276		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 41 year old female, who sustained an industrial injury on 11/07/2012. The medical records submitted for this review did not include the details regarding the initial injury and prior treatments to date. Diagnoses include right trapezius sprain, myofascial pain syndrome, and cervical radiculitis. Currently, she complained of chronic pain in the lumbar spine, cervical spine and right shoulder. She reported increased symptoms to the right leg spreading down to the foot. Current medication included Baclofen, Naprosyn, and Famotidine. On 5/28/15, the physical examination documented cervical and lumbar tenderness and muscle spasms. There was decreased range of motion and large trigger points noted in the right shoulder. The plan of care included specific rehabilitation program for the neck and back with enrollment into track 1, RehabOne program, twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Track 1: RehabOne Program, 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

**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 has a history of a work injury occurring in November 2012 and continues to be treated for neck, low back, and right shoulder pain. When seen, she was having a flare up of back pain. There was cervical and right shoulder tenderness with normal range of motion. There was a trapezius muscle trigger point. A continued home exercise program was recommended. She was noted to be working with restrictions. Prior treatments had included four sessions of physical therapy and chiropractic treatments. The claimant is being treated for chronic pain with no new injury and is already performing a home exercise program. Ongoing compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. 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 revise the claimant's home exercise program. The request is not medically necessary.