

<b>Case Number:</b>	CM15-0062931		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 was a 28-year-old female, who sustained an industrial injury, February 9, 2013. The injured worker received the following treatments in the past left sacroiliac injection, right sacroiliac injection, Naproxen, Soma, Tramadol, lumbar spine MRI, cervical spine MRI, Left S1 Joint MRI and physical therapy. The injured worker was diagnosed with unspecified thoracic/lumbar neuritis, lumbar region sprain/strain, lumbago and sprain/strain shoulder/arm. According to progress note of January 9, 2015, the injured workers chief complaint was right shoulder pain 3 out of 10 and low back pain radiated down the right gluteal intermittently, 4-5 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was currently taking Naproxen and Soma for pain and spasms. The injure worker received a steroid injection, on December 19, 2014. The physical exam noted decreased range of motion, with positive straight leg testing on the left. There was S1 tenderness wit palpation. The treatment plan included physical therapy 2 times a week for 4 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 Lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 is more than 2 years status post work-related injury and continues to be treated for right shoulder and low back pain. When seen, she was having radiating right lower extremity pain. A previous MRI in 2013 with a clinical history of right lower extremity pain with numbness and tingling had been essentially negative. 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 and therefore not medically necessary.