

<b>Case Number:</b>	CM15-0069980		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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:

This 33 year old female sustained an industrial injury on 6/5/14. She subsequently reported back, left shoulder and neck pain. Diagnoses include lumbar and cervical degenerative disc disease. Treatments to date have included physical therapy, acupuncture, nerve conduction studies, MRIs, modified work duty, TENS treatment and prescription pain medications. The injured worker continues to experience chronic neck left upper back, left low back and left shoulder pain. A request for Physical Therapy for The Lumbar Spine 12 Visits was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for The Lumbar Spine - 12 Visits:** Upheld

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

**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 nearly one year status post work-related injury and continues to be treated for chronic neck, back, and left shoulder pain. Prior treatments had included physical therapy, acupuncture, medications, and the claimant has benefit when using TENS. She is also being treated for depression and anxiety. When seen, she had cervical paraspinal muscle tenderness with left trapezius muscle spasms. 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. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the requested number of additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.