

Case Number:	CM15-0070975		
Date Assigned:	04/20/2015	Date of Injury:	04/18/2013
Decision Date:	05/27/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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 25 year old male, who sustained an industrial injury on April 18, 2013. The injured worker has been treated for left scapular and low back complaints. The diagnoses have included chronic myofascial pain syndrome, left shoulder girdle strain with chronic pain improved, left shoulder pain and low back pain. Treatment to date has included medications, radiological studies, electrodiagnostic studies, massage treatment, trigger point injections, a transcutaneous electrical nerve stimulation unit and physical therapy. Most current documentation dated February 11, 2015 notes that the injured worker reported a constant dull ache with occasional sharp stabbing pain around the scapular region, which occasionally radiated to the left upper extremity. He also noted low back pain on the left side with occasional radiation to the left buttock. Physical examination revealed discomfort in the left periscapular region to the Neer testing and Hawkins's testing. The injured worker also had discomfort with external rotation of the left shoulder. Examination of the lumbar spine showed no sensory or strength deficits and a full range of motion. Straight leg raise testing was negative. The treating physician's plan of care included a request for physical therapy # 8 to 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: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine 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 more than two years status post work-related injury and continues to be treated for low back pain. When seen, he was having left-sided low back pain radiating to the buttock. There was a normal examination of the lumbar spine. An assessment dated 10/17/14 references physical therapy treatments for low back pain in December 2012. The claimant's low back pain is a chronic condition and there is no new injury. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.