

<b>Case Number:</b>	CM14-0158232		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/27/2001
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at mleast 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year old male with a date of injury on 2/27/2001. The injured worker has chronic neck and back pain rated at a 7 and an 8, respectively. There were functional limitations and limited motion in both the neck as well as the back. Medications were prescribed to the injured worker. There was no other information about the injured worker's examination findings. Physical therapy was requested to work on the injured worker's flare up of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for neck and back QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back; Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** This injury is more than 10 years old. The injured worker has had multiple courses of physical therapy in this time and it is not clear when this last occurred. There is not any data that supports that the injured worker is engaged in a home exercise program. Current exam findings showing abnormalities are minimal and vague. It is not clear exactly how much

motion limitation is present. It is not clear if this is a new finding or an old one. The injured worker has high pain scores, but it is not clear if that is his baseline or not. It is not clear exactly what goals are to be derived with more physical therapy. Given the data cited above, the available clinical information does not support the appropriateness of 12 more therapy sessions. Therefore, the request is not medically necessary.