

Case Number:	CM13-0007113		
Date Assigned:	11/27/2013	Date of Injury:	02/10/2012
Decision Date:	04/24/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/05/2013

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 Therapy, and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 64-year-old male with a 2/10/10 date of injury. At the time of request for authorization for physical therapy sessions 2 times a week for 4 weeks qty: 8; lumbar orthosis qty: 1; Skelaxin 800 mg qty: 120; and Senokot-s 8.6/50mg qty: 60, there is documentation of subjective (low back pain radiating to the right lower extremity) and objective (lumbar spine and myofascial tenderness and decreased sensation over the lower extremity) findings, current diagnoses (lumbar radiculopathy, lumbar facet arthropathy, and lumbar spinal stenosis), and treatment to date (physical therapy and medication (including Skelaxin and Senokot-S since at least 12/12/12)).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS 2 TIMES A WEEK FOR 4 WEEKS QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);section on Physical Therapy

Decision rationale: The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and lumbar spinal stenosis. In addition, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have already exceeded the recommendations of physical therapy guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for physical therapy sessions 2 times a week for 4 weeks qty: 8 is not medically necessary.

LUMBAR ORTHOSIS QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back.

Decision rationale: ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and lumbar spinal stenosis. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for lumbar orthosis qty: 1 is not medically necessary.

SKELAXIN 800 MG QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Muscle Relaxants.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of chronic low back pain, used as a second line option, and a short period of use as criteria necessary to support the medical necessity of Skelaxin. ODG indicates that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and lumbar spinal stenosis. However, there is no documentation of acute muscle spasm. In addition, there is no documentation that Skelaxin is used as a second line option. Furthermore, given documentation of records reflecting prescriptions for Skelaxin since at least 12/12/12, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Skelaxin 800 mg qty: 120 is not medically necessary.

SENOKOT-S 8.6/50MG QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

Decision rationale: The FDA identifies documentation of a diagnosis/condition for which Senokot is indicated (such as short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use), as criteria necessary to support the medical necessity of Senokot. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and lumbar spinal stenosis. However, there is no documentation of a diagnosis/condition for which Senokot is indicated. Therefore, based on guidelines and a review of the evidence, the request for Senokot-S 8.6/50mg Qty: 60 is not medically necessary.