

Case Number:	CM13-0009761		
Date Assigned:	12/18/2013	Date of Injury:	07/10/2012
Decision Date:	01/29/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; trigger point injection; prior lumbar MRI imaging of September 18, 2012, notable for a large L4-L5 disk herniation causing associated neural foraminal narrowing; and apparent return to work as a maintenance supervisor. In a utilization review report of August 5, 2013, the claims administrator denied a request for an orthopedic consultation, partially certified a request for 12 sessions of physical therapy as 6 sessions of physical therapy, and partially certified a request for baclofen in unspecified amounts as 60-tablet supply of the same. The applicant's attorney later appealed. An earlier handwritten notes of October 24, 2013 and November 25, 2013 are quite difficult to follow, are not entirely legible, notable for persistent complaints of low back pain radiating to the right leg with associated lower extremity numbness. The applicant is asked to continue physical therapy on both occasions and consult a neurosurgeon while remaining off of work, on total temporary disability. Numerous other handwritten progress notes interspersed throughout 2013 suggested that the applicant remains off of work, on total temporary disability, despite usage of tramadol and baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) orthopedic consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 88, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, referral for surgical consultation is indicated for those applicants who have severe and disabling radicular complaints with clear clinical and imaging evidence of a lesion which might be amenable to surgical correction. In this case, the applicant does in fact have a large herniated disk which is amenable to surgical correction. The applicant has tried and failed conventional treatments, including time, medications, physical therapy, etc. Given the failure of the above, consultation with a spine surgeon who can determine whether or not the applicant is a surgical candidate is indicated and appropriate. Accordingly, the request is certified.

Twelve (12) physical therapy sessions including an evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Functional Restoration Approach to Chronic Pain Management, and Physical Medicine Gu.

Decision rationale: This request represents treatment in excess of the 9 to 10 session course recommended in the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. The guidelines indicate that demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, there is no evidence of functional improvement. The applicant's failure to return to any form of work and pursuit of a spine surgery consultation imply a lack of functional improvement. Therefore, the request is not certified.

One (1) prescription of Baclofen 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs: Baclofen Page(s): 64.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, baclofen is recommended orally only for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injury. In this case, the applicant does not seemingly carry either diagnoses of spasticity, multiple sclerosis, and/or spinal cord injury for which usage of baclofen is indicated. It is further noted that the applicant's failure to return to any form of work despite

prior usage of baclofen implies a lack of functional improvement. For all of these reasons, the request is not certified.