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| Case Number: | CM13-0017527 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 05/25/2002 |
| Decision Date: | 02/06/2014 | UR Denial Date: | 08/21/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Orthopedic Surgery 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 claimant is a 54-year-old female injured in a work related accident 05/25/02. Recent clinical records for review include a 08/01/13 assessment with [REDACTED] who indicates ongoing complaints of low back and neck pain. It states he continues to be with significant difficulty despite recent hardware removal earlier in the year. Physical examination findings showed neurologic examination to be with 5/5 motor tone, normal sensation and reflexive examination. There was paravertebral muscular spasm to palpation with restricted motion and guarding. The claimant was diagnosed at that date with primarily neck and low back complaints with chronic degenerative joint and disc disease status post fusion and hardware removal. Recommendations at that time were for continuation of medical management. There was also a current request for formal physical therapy. Further review of records indicates that the claimants had seven lumbar surgical procedures since the time of injury. There were also recommendations for continued use of an H wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 63..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle relaxants (for pain).

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Robaxin would not be indicated. In regards to the use of muscle relaxants, they are only indicated per guideline criteria for short term use in the chronic pain setting given the high likelihood of adverse effects and non-documented long term benefit in the chronic setting. Guideline criteria would not indicate the routine role of muscle relaxants. Given that the claimant's greater than ten years from time of injury with current chronic long term use of the agent, its continued role in this case would not be indicated

Physical therapy, QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, physical therapy in the chronic setting in this case also would not be indicated. Physical therapy in the chronic setting can be used sparingly to help control active therapies for swelling, pain and inflammation during the rehabilitative process. Records in this case do not, however, indicate symptomatic flare of the claimant's symptoms, who at this stage and course of care greater than ten years from injury, should be well versed in supportive lumbar measures from a home exercise point of view. The specific request for further physical therapy and the claimant's clinical course would not be indicated.