

Case Number:	CM13-0020271		
Date Assigned:	10/11/2013	Date of Injury:	09/30/2011
Decision Date:	01/16/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 58-year-old female who reported an injury on 09/30/2011. Subjective complaints include pain in the upper neck, which radiates into the bilateral shoulders, as well as upper, mid, and lower back pain. The objective findings from the most recent notes state, "The patient lacks 0 inches from touching toes" and "tender over PSIS B." Her diagnoses are listed as lumbar spine sprain with right lower extremity radiculitis, cervical spine strain, thoracic spine sprain, and disc bulges at L2-3, L4-5, L5-S1, C6-7, and C5-6. A plan was noted for physical therapy 1 to 2 times per week for 8 weeks, Anaprox 550 mg, Robaxin 750 mg, inversion table, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy one (1) to two (2) times a week for eight (8) weeks: Upheld

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

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

Decision rationale: The California MTUS Guidelines state physical medicine is recommended for myalgia and myositis at 9 to 10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis at 8 to 10 visits over 4 weeks. The patient has been shown to have pain in the upper neck,

bilateral shoulders, and the upper mid and lower back. As the objective findings in the most recent visit fail to show significant functional deficits, as well as the request for physical therapy visits 1 to 2 a week for 8 weeks exceed the recommendation by guidelines, the request is not supported. Therefore, the request is non-certified.

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Guidelines state muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The patient was stated to be taking Robaxin 750 mg; however, this treatment is not noted to be short-term as recommended by the guidelines. As this medication is not recommended for long-term use, it is not supported by guidelines. Therefore, the request is non-certified.

Inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Inversion Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to ACOEM Guidelines, traction has not been proven effective for lasting relief in treating low back pain. It also states that because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The patient has been shown to have symptoms related to her low back; however, as guidelines indicate that traction is not recommended, the request is not supported. Therefore, the request is non-certified.