

Case Number:	CM13-0020775		
Date Assigned:	10/11/2013	Date of Injury:	10/31/1996
Decision Date:	02/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 10/31/1996. The injury was noted to have been sustained to his low back and bilateral lower extremities when he was working as a field collector and was working under a house. The patient's symptoms were noted to include low back pain with severe weakness and pain to his bilateral lower extremities. It was noted in his 08/16/2013 office note that the patient had been riding his bike daily as a form of therapy. His objective findings included tenderness to palpation of the bilateral paraspinal muscles with positive spasm, right-sided positive straight leg raise test into the calf, decreased sensation in the right lower extremity at L5-S1 dermatome, and normal deep tendon reflexes to the bilateral lower extremities. The patient was diagnosed with lumbar spine sprain/strain with bilateral lower extremities radiculopathy. The patient's medications were noted to be hydrocodone/acetaminophen 5/500 mg 1 every 6 hours as needed for pain and cyclobenzaprine 7.5 mg twice daily. The patient was noted to have been approved for 4 physical therapy visits on 09/03/2013. At his 10/02/2013 office visit it was noted that the patient's pain had greatly increased to his lower back and he continued to complain of radicular pain into his right lower extremity. The physical exam findings included tenderness to palpation with mild guarding of the lower spine, positive straight leg raise testing on the right side, and his range of motion of the lumbar spine was noted as flexion 25 degrees, extension 6 degrees, right bending 10 degrees, and left bending 11 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Page(s): 41-42.

Decision rationale: California MTUS Guidelines state cyclobenzaprine is recommended as an option for a short course of therapy. It states that cyclobenzaprine is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater side effects. It further states that the effect is greatest in the first 4 days of treatment, suggesting shorter courses are better. It also states that the addition of cyclobenzaprine to other agents is not recommended. As the patient has been known to have been taking cyclobenzaprine long-term for muscle spasm and guidelines recommend only a short course of treatment with this medication, the request is not supported. Additionally, as the patient is noted to be taking at least 1 other medication and guidelines state cyclobenzaprine should not be added to other agents, the request is not supported. For these reasons, the request is non-certified.

12 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine.

Decision rationale: California MTUS Guidelines state physical medicine is recommended for the treatment of myalgia and myositis at 9 to 10 visits over 8 weeks and for the treatment of neuralgia, neuritis, and radiculitis for 8 to 10 visits over 4 weeks. Guidelines state physical therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient was noted to have previously been approved for 4 visits of physical therapy on 09/03/2013. However, at his visit on 10/02/2013, it was noted the patient's pain had worsened since his last visit and there was no evidence of improved function. With the absence of documentation of objective functional gains from the patient's previous 4 visits of physical therapy, the request is not supported. For this reason, the request is non-certified.

range of motion testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Flexibility.

Decision rationale: According to Official Disability Guidelines, an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical, and inexpensive way. Computerized measures of lumbar spine range of motion are not recommended as this testing can be done with inclinometers. Therefore, the request for range of motion testing is not supported by guidelines. For this reason, the request is non-certified.