

Case Number:	CM13-0031480		
Date Assigned:	03/03/2014	Date of Injury:	06/21/2013
Decision Date:	04/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 40 year old male with a date of injury 6/21/13 to his low back while arresting a suspect performing his job as a police officer. His diagnosis includes a L4-5 and L5-S1 bilateral disc herniation with lumbar radiculopathy. There is an October 2, 2013 MRI of the lumbar spine without contrast that reveals the following findings: There is transitional lumbar anatomy with lumbarization of first sacral vertebra. At L4-L5, 3 mm central disc protrusion, mild canal stenosis and moderate bilateral neuroforaminal narrowing and bilateral pars defects of L4. At L5-S1, mild bilateral neuroforaminal narrowing. Treatment has included a TENS unit, acupuncture, medication management, therapy. There is a request for Cyclobenzaprine and 6 sessions of PT for the lumbar spine. A 9/3/13 document from the primary treating physician states that the patient underwent initial six sessions of physical therapy. The document states that while he may be improving, but he still continues to suffer from the results of his work-related injury. In this document the primary treating physician states that several sessions of the therapy are usually required to achieve the therapeutic goal. Each patient responds to physical therapy differently. The provider feels that with additional treatment sessions, the patient's current condition will still magnanimously improve. There is an 11/15/13 primary treating physician progress report which states that the patient has had six visits of physical therapy and acupuncture. He states these have both helped. He has less leg pain and has better spine mobility. He is taking fewer medicines. On physical examination of the lumbar spine, there is left sided sciatica. There is decreased toe extensor. There is decreased sensation in the L5 distribution, but spine mobility is without spasm and is improved. Procedure: A urine specimen was obtained today to monitor medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Sectio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Section, Flexeril Section Page(s): 64-65, 41-42.

Decision rationale: Cyclobenzaprine Hydrochloride 7.5mg #6 is not medically necessary per MTUS guidelines. Per guidelines the MTUS guidelines this medication is not recommended to be used for longer than 2-3 weeks. The MTUS states that limited, mixed-evidence does not allow for a recommendation for chronic use. From documentation submitted patient has been on this medication significantly longer than the 2-3 week recommended period (since at least June of 2013. There is no extenuating circumstance that requires the use of this medication. The continued use of Cyclobenzaprine Hydrochloride is not medically necessary.

SIX SESSION OF PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Six sessions of physical therapy for the lumbar spine is not medically necessary per the MTUS guidelines. The guidelines recommend up to 10 visits for patient's condition. He already had 6 visits. An additional 6 visit would exceed guideline recommendations. Additionally there are no objective measurable findings of functional improvement from the physical therapy he has already had. The request for 6 sessions of physical therapy is not medically necessary.