

Case Number:	CM13-0033150		
Date Assigned:	12/27/2013	Date of Injury:	12/12/2012
Decision Date:	04/01/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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 39 year old female who reported an injury on 12/12/2012. The patient was reportedly injured while she was pushing a load of pallets. The patient is diagnosed with backache. A request for authorization was submitted by [REDACTED] on 08/05/2013, for physical therapy and Tizanidine HCL. However, there was no documentation of a physical examination on the requesting date of 08/05/2013. The patient was seen by [REDACTED] on 09/17/2013 and 10/21/2013. However, a physical examination was also not provided on either date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for six weeks for the lumbar spine: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. There was no

documentation of a physical examination on the requesting date of 08/05/2013. The patient's physical examinations on 10/21/2013 and 09/17/2013 were also not provided. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit. Documentation of previous physical therapy treatment with total treatment duration and treatment efficacy was not provided for review. Additionally, the request for physical therapy twice per week for 6 weeks exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Tizanidine HCL 2mtg 1 PO BID #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of muscle spasm, spasticity, or muscle tension upon physical examination. Guidelines do not recommend long term use of this medication. Therefore, the request is non-certified.