

Case Number:	CM13-0033205		
Date Assigned:	12/06/2013	Date of Injury:	04/01/2008
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
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 Internal Medicine, Pulmonary Diseases, 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 patient is a 34-year-old male who reported an injury on 04/01/2008. The patient is currently diagnosed with status post surgical fusion of the lumbar spine and retropulsion of the cage after fusion, L5-S1 disc herniation with disc disease and radiculitis, depression, anxiety, and insomnia. The patient was recently seen by [REDACTED] on 11/07/2013. The patient reported improvement in pain levels from 8/10 to a current level of 4/10. Physical examination revealed limited range of motion and tenderness to palpation with hypertonicity and positive Kemp's testing bilaterally. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

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

Decision rationale: The California MTUS Guidelines state active 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 guidelines allow for

fading of treatment frequency plus active self-directed home physical medicine. Treatment for radiculitis includes 8 to 10 visits over 4 weeks. The current request exceeds guideline recommendations for a total duration of treatment. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Lodine 400mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. Given the duration of use and lack of improvement, the current request for continuation of Lodine 400 mg cannot be determined as medically appropriate. As such, the request is non-certified.

Robaxin 650mg, #120: Upheld

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

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

Decision rationale: non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As per the latest physical examination, the patient does not demonstrate palpable muscle spasm or muscle tension that may warrant the need for a muscle relaxant. There is not evidence of failure to respond to first line treatment prior to the initiation of a second line muscle relaxant. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.