

Case Number:	CM13-0037259		
Date Assigned:	12/13/2013	Date of Injury:	01/07/2013
Decision Date:	10/02/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/27/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The records, presented for review, indicate that this 58-year-old female was reportedly injured on 1/7/2013. The mechanism of injury was noted as a low back injury while working with small infants. The most recent progress notes, dated 4/15/2013 and 8/26/2013, indicate that there were ongoing complaints of low back pain. Physical examination demonstrated no tenderness to the lumbar spine or hips, normal lumbar spine range motion without pain, motor strength 5/5 in lower extremities except right hamstring weakness 4/5, knee reflexes 2 bilaterally, left ankle reflex absent, and right ankle reflex 2, normal sensation in lower extremities, positive right straight leg raising test, negative Patrick's test and Faber's tests and normal gait. MRI of the lumbar spine, dated 2/19/2013, demonstrated degenerative disk changes at L4-L5 and L5-S1, minimal disk bulges at L3-L4, L4-L5 and L5-S1 without evidence of neurological compression. Previous treatment included chiropractic treatment, physical therapy (#22 visits) and medications to include Skelaxin and Vicodin. A request had been made for physical therapy 2 times per week for 6 weeks (12 sessions), MRI of sacrum and coccyx, and Skelaxin 800 mg #90 with no refills, which were not certified in the utilization review on 9/6/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 6 weeks (12 sessions): Upheld

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

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. Review, of the available medical records, reveals chronic low back pain after a work-related injury in January 2013. The claimant underwent 22 sessions of physical therapy and in the absence of clinical documentation to support additional visits; this request is not medically necessary.

MRI of Sacrum and Coccyx: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Head and Pelvis (Acute & Chronic) - MRI (magnetic resonance imaging) (updated 03/25/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. The ODG supports the use of MRI for the pelvis for bony/articular/soft tissue abnormalities, osteonecrosis, fractures, acute/chronic soft tissue injuries and tumors. Review, of the available medical records, documents a request for an MRI of the sacrum/coccyx due to vaginal numbness. Given the lack of clinical documentation or physical exam findings that meet guideline criteria, this request is not medically necessary.

Prescription of Skelaxin 800mg tablet 1 tab 3 times a day, qty 90 tab with no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Skelaxin (metaxalone) is classified as muscle relaxant; however, the mechanism of action is unknown but appears to be related to central nervous system depressant effects. MTUS treatment guidelines support the use of muscle relaxers for short-term treatment of back pain, and muscle spasming but, advises against long term use. Review, of the available medical records, reveals that the claimant has been taking this medication long-term. As such, this request is not medically necessary.