

<b>Case Number:</b>	CM13-0042696		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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 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:

This claimant is a 40-year-old male who was injured in a work-related accident on June 21, 2013. The clinical records provided for review included a November 15, 2013 follow-up with [REDACTED], noting ongoing complaints of low back pain, and that the claimant had completed six sessions of physical therapy and acupuncture. [REDACTED] documented that the claimant had fewer leg complaints and was currently utilizing a medication regimen. Physical examination showed left-sided sciatica symptoms with diminished toe extensor strength and diminished sensation in an L5 dermatomal distribution. The MRI dated October 2, 2013 showed mild foraminal narrowing at the L5-S1 level with a central disc protrusion at L4-5 resulting in moderate bilateral neural foraminal narrowing and a pars defect at L4. The claimant was diagnosed with L4-5 and L5-S1 disc herniation with radiculopathy. The recommendation was made for Cyclobenzaprine, a urine drug screen, continuation of physical therapy for eight additional sessions, continuation of acupuncture for eight additional sessions, and a Pro-Stim unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** Based on the California MTUS Chronic Pain Medical Treatment Guidelines, a urine drug screen would not be indicated in this case. According to the documentation provided, it appears that the only medication prescribed for the claimant is Cyclobenzaprine, which in and of itself would not warrant drug screen monitoring. The lack of documentation that the claimant is using opioids would fail to support the need for a urine drug screen. The request is noncertified.

**PHYSICAL THERAPY FOR THE LUMBAR SPINE TWO TIMES FOUR QUANTITY EIGHT:** 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 Page(s): 98-99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support further use of physical therapy. Records indicate that the claimant has received significant improvement following a recent course of physical therapy. The Chronic Pain Medical Treatment Guidelines only recommend 9-10 therapy sessions for an acute symptomatic flare. Given the claimant's time frame from injury and documentation of recent therapy already utilized, it would be unclear as to why transition to an aggressive home exercise program could not occur at this time. As such, the request is noncertified.

**ACUPUNCTURE FOR THE LUMBAR SPINE TWO TIMES FOUR QUANTITY EIGHT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the continued use of acupuncture. The guidelines stated that acupuncture is used for the treatment of chronic pain. Chronic pain for the purpose of acupuncture means pain that persists for at least 30 days beyond the usual course of an acute disease or a reasonable time for an injury to heal. Recent clinical records for review indicate that the claimant has benefited from six recent sessions of acupuncture with diminished leg pain and symptoms. It is unclear why transition to a home exercise program would not be more appropriate at this stage in the claimant's chronic course of care. The request is noncertified.

**CYCLOBENZAPRINE 7.5 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 63.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the continued use of muscle relaxants. Muscle relaxants are only recommended as a second-line option for the short-term symptomatic relief of acute exacerbations in the chronic low back pain setting. The records in this case indicate that the claimant doing significantly better following a course of conservative care including therapy and acupuncture. The acute need of continued use of muscle relaxants would thus not be indicated. The request is noncertified.

**PRO-STIM UNIT:** 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 Page(s): 118, 120.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the role of a Pro-Stim unit, as they do not recommend the role of interferential stimulation as a stand-alone treatment. It is typically only utilized in conjunction with return-to-work exercise and medication management. Lack of documentation of advancement of work-related functions fails to support the role of this device at present. The request is noncertified.