

Case Number:	CM14-0015438		
Date Assigned:	02/28/2014	Date of Injury:	01/24/2009
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 57-year-old female who sustained an injury on 01/24/2009 and the mechanism of injury was from a slip and fall. The injured worker's diagnoses include unspecified myalgia and myositis. The clinical note dated 12/27/2013 indicated the injured worker reported she continued to have complaints of cervical spine pain, thoracic spine pain, and lumbar pain. The injured worker had sub occipital pain of the cervical spine which was at 4/10 which was indicated by a tight feeling, dull but can become sharp usually when turning her head to the left. There was axial radiating pain into the trapezius area but mostly in the sub occipital and par cervical. The injured worker noted that pushing, pulling, and lifting tend to increase her par cervical pain. The physician reported no radicular pain but the injured worker had a feeling of heaviness and tightness in her arms which was an uncomfortable feeling, like her arms were turning to lead. The injured worker reported her pain of the lumbar spine at a 4/10. She had no radicular pain but had some tingling sensation mainly in the right leg radiating to her right big toe, like a numb feeling in the toe. The injured worker reported that when leaning over it increased the pain and she could not bend over. The injured worker had difficulty exercising because of lumbosacral tightness. The injured worker had continuous muscle tightening with cervical, thoracic, and lumbar spine with no evidence of upper extremity radiculopathy. The physician reported the injured worker had not had any treatments for her cervical and lumbar condition for 5 years. The patient's reported the last studies were MRI scans of the cervical, thoracic, and lumbar spine in approximately 2009 or 2010. The physician reported on examination of the cervical spine range of motion with flexion at 60 degrees causing paraspinous tightness, extension 45 degrees causing tightness in the par cervical sub occipital muscle, right/left rotation 60 degrees, and right/left tilt at 45 degrees. The injured worker could flex the lumbar spine to 110 degrees, touching her fingers to floor and extended to 30 degrees

giving her lumbosacral pain. The straight leg test was negative bilaterally at 90 degrees and the injured worker had full range of motion of her hips. The physician's current recommendation was for the injured worker to have a 12-session physical therapy series for her cervical and lumbar spine, primarily to learn exercises which she can do at home and continue on her own. The physician reported that he felt the Robaxin was reasonable since her primary complaint was muscle spasms and the patient was provided a prescription for Robaxin 500 mg, 1 every 8 hours as needed #90. The current requests for physical therapy 12 sessions' cervical and lumbar spine, and MEDS x1 Robaxin 500 mg #90 was recommended on 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 12 SESSIONS, CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Physical Medicine Guidelines, Page 99.

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

Decision rationale: The California MTUS Guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less). The guidelines recommend injured workers should participate in an active self-directed home physical medicine program. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks for myalgia and myositis. The documentation provided failed to indicate how many completed sessions of physical therapy the injured worker had attended and if the injured worker had measurable objective functional gains made with the treatment. The guidelines indicate that 9 to 10 visits are recommended over 8 weeks. The current request for 12 sessions of physical therapy for the cervical and lumbar spine exceeds the recommended guideline treatments. Therefore, the request is not medically necessary.

MEDS X 1, ROBAXIN 500MG 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Chronic pain, Page(s): pages, 63-64.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Robaxin is an antispasmodic used in low back pain to decrease muscle spasms, although it is sometimes used whether a spasm is present or not. The guidelines also state that anti-spasticity drugs are used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyper-reflexia, dystonia, contractures, paresis, lack of dexterity

and fatigability. The clinical documentation provided failed to indicate that the patient had spasticity due to neurological that would warrant the request. The patient indicated she had muscle spasms but the physician did not indicate spasms on the physical exam. The request as submitted did not provide the frequency the medication was to be taken. Therefore, the request MEDS X 1, Robaxin 500MG 90 is not medically necessary.