

Case Number:	CM14-0019807		
Date Assigned:	04/28/2014	Date of Injury:	12/01/2007
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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:

The patient is a 33-year-old female who has submitted a claim for Discogenic Disease of the Low Back and Bilateral Carpal Tunnel Syndrome associated with an industrial injury date of December 1, 2007. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain with bilateral sciatica and episodes of weakness of her legs. She also complained of numbness and tingling of her hands and fingers, right greater than the left. On physical examination, BMI was 33.4 (obese). There was tenderness over the right iliolumbar angle and bilateral PSIS. When the patient stood, most of her weight was on her right leg with her left hip and knee slightly flexed. There was also tenderness over the left popliteal area. Treatment to date has included an unknown number of physical therapy sessions, home exercise program, and medications including cyclobenzaprine 7.5 mg 1 tablet 2 times daily (since September 2013). Utilization review from January 29, 2014 denied the request for cyclobenzaprine 7.5 mg #60 1 BID because the documentation did not identify acute pain or an acute exacerbation of chronic pain; pool therapy, twelve sessions (2x6), because there was no documentation of benefit from previous physical therapy and there was no documentation that the patient was unable to tolerate land-based therapy; and ergonomic work station because there was no documentation of an ergonomic evaluation with specific recommendations regarding the patient's work station.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: According to pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, cyclobenzaprine was being prescribed since September 2013 (9 months to date). However, there was no documentation of continued functional benefit with this medication. There was also no indication of failure of recommended first-line options. A clear rationale for cyclobenzaprine use was not provided. Therefore, the request for Cyclobenzaprine 7.5MG, #60 is not medically necessary.

POOL THERAPY 2 TIMES A WEEK FOR 6 WEEKS QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient was found to be obese. However, the medical records showed that the patient already underwent an unknown number of physical therapy sessions with no documented functional benefits. The records also revealed that the patient was participating in a home exercise program and there was no documentation of failure of this therapy. A clear rationale for pool therapy was not provided. Therefore, the request for pool therapy 2 times a week for 6 weeks qty: 12 is not medically necessary.

ERGONOMIC WORK STATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ergonomics Interventions.

Decision rationale: CA MTUS does not specifically address ergonomic interventions. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that ergonomic interventions are recommended as an option as part of a return-to-work program for injured workers but there is conflicting evidence for prevention, so case by case recommendations are necessary. In this case, a description of the requested ergonomic work station was not provided. There was also no discussion regarding return-to-work plans. Although an ergonomic work station may be appropriate, a clear rationale and description of the requested service was not provided. Therefore, the request for Ergonomic Work Station is not medically necessary.