

Case Number:	CM14-0121013		
Date Assigned:	08/06/2014	Date of Injury:	05/03/2002
Decision Date:	09/11/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old male with a reported date of injury on 05/03/2002. The mechanism of injury reportedly occurred when a 250 pound roll of wire fell on top of the injured worker. His diagnoses were noted to include status post lumbar spine surgery #6, post laminectomy/fusion syndrome, failed back surgery times 5, mechanism of injury dysfunction of the thoracolumbar spine, post fusion, sacroiliac joint pain, lumbar neuralgia and opioid dependence. His previous treatments were noted to include physical therapy, medications, and multiple surgeries. The progress note dated 05/29/2014 revealed the injured worker complained of cervical pain with associated numbness and tingling into the hand and thumb. The injured worker complained of left lower extremity burning pain with weakness and asymmetric patellar tendon reflexes. The injured worker revealed his low back pain, which radiated to the left lower extremity, was excruciating. The physical examination of the lumbar spine revealed reduced range of motion and positive Braggard's test with burning pain corresponding to the L5 dermatome. The deep tendon reflexes were asymmetric and the patellar tendon reflexes 2/4 at the right patella and 0/4 of the left patella, 0/4 at the bilateral Achilles tendons. Motor strength was globally 3+/5 in the left lower extremity and strength was 5/5 globally throughout the lower extremity. The progress note dated 06/26/2014 revealed the injured worker complained of cervical pain with associated numbness and tingling into the hand and thumb. The injured worker also complained of severe left lower extremity burning pain with weakness and asymmetric patellar tendon reflexes. The injured worker complained of low back pain that radiated to the left lower extremity and stated it was excruciating. The injured worker rated his pain 8/10. The physical examination of the lumbar spine revealed a reduced range of motion. A positive straight leg raise and Braggard's test on the left lower extremity. The neurological examination revealed increased burning pain that corresponded to the left L5 dermatome. The

deep tendon reflexes were diminished and unequal. Motor strength was globally 3+/5 in the left lower extremity and strength was 5/5 globally throughout the right lower extremity. The request for authorization form was not submitted within the medical records. The request was for 6 physical therapy visits and Restoril 30 mg, 1 to 2 tablets at bedtime #60, however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

Decision rationale: The request for 6 physical therapy visits is not medically necessary. The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or assistance in functional activities with assistive devices. The guidelines recommend for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks. The injured worker had received an unknown previous number of physical therapy sessions. There was a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements from previous physical therapy sessions. Therefore, due to the lack of documentation regarding objective functional deficits and objective functional improvements from previous physical therapy sessions, as well as the previous number of physical therapy sessions completed, additional physical therapy is not warranted at this time. Therefore, the request is not medically necessary.

Restoril 30mg, 1-2 tabs at bedtime(HS) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Temazepam (Restoril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24..

Decision rationale: The request for Restoril 30 mg 1 to 2 tablets at bedtime #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The benzodiazepine includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorders is an antidepressant. Tolerance to anticonvulsants and muscle relaxants side effects occurs within weeks. There was a lack of documentation regarding efficacy of this medication, the guidelines recommend use of up to 4 weeks, and the injured worker has been on this medication for over 6 months. Therefore, the request is not medically necessary.