

<b>Case Number:</b>	CM14-0157039		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 61-year-old male with a date of injury of December 2, 2010. He injured his back lifting a box of staples off of a coworker. It is apparent that at some point he had a laminectomy in the lumbar region. It seems he had physical therapy following a surgery which appears to have occurred in 2011. He continues to have low back pain radiating down the left leg with numbness and weakness. Prior to September 12, 2014 he had been maintained on the Flexeril 10 mg at bedtime. On September 12, 2014 the Flexeril was increased to 3 times daily for a period of 3 weeks and referrals were made to physical therapy and massage therapy. His physical exam reveals a surgical lumbar scar, myofascial restriction, diminished sensation to the left sided L5-S1 dermatome, tenderness to palpation of the sacroiliac joints and sciatic notches, and a positive straight leg raise test of the left. His diagnoses include chronic pain syndrome, low back pain, lumbar spine disc pain, lumbar degenerative disc disease, lumbar spine facet arthropathy, and lumbar spine post-laminectomy pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy x 6 for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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, Massage

**Decision rationale:** Massage therapy is recommended as an option in conjunction with a recommended exercise programs. Manual massage administered by professional providers has shown some proven efficacy in the treatment of acute low back symptoms, based on quality studies. A recent meta-analysis concluded that massage might be beneficial for patients with subacute and chronic non-specific low-back pain, especially when combined with exercises and education. When massage was compared to an inert therapy (sham treatment), massage was superior for pain and function on both short and long-term follow-ups. When massage was compared to other active treatments, massage was similar to exercises, and massage was superior to joint mobilization, relaxation therapy, physical therapy, and acupuncture and self-care education. In this instance, there is no evidence that an exercise program has been recommended or is currently being utilized. Therefore, for massage therapy x 6 for the lumbar spine is not medically necessary under the above guidelines.

**Physical Therapy x 8 for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering and the Restoration of Function, page 114

**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, Physical Therapy

**Decision rationale:** According to the Official Disability Guidelines, "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy)." In this instance, the requested amount of physical therapy is for 8 visits. This number exceeds the generally recommended 6 visit clinical trial and therefore is not medically necessary under the above guidelines.

**Flexeril 7.5 mg #60:** Overturned

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

**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, Muscle relaxants

**Decision rationale:** Muscle relaxants like Flexeril are recommended for muscle spasm associated with low back pain in the acute phase. Their usage is generally not recommended to exceed 3 weeks. In this instance, the injured worker had been utilizing Flexeril once a day.

However, the dosage was recently increased to 3 times daily to treat an acute exacerbation. The number of Flexeril requested is consistent with a short treatment course and is therefore medically necessary.