

Case Number:	CM14-0157746		
Date Assigned:	10/01/2014	Date of Injury:	09/11/2008
Decision Date:	12/16/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation 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 is a 32-year old female patient with a date of injury on 9/11/2008. The mechanism of injury occurred when she fell against a sink and then onto the floor. In a progress noted dated 8/26/2014, the patient complained of constant neck pain rated 9-10/10, with radiation into bilateral upper extremities. In addition, she reported pain rated 9-10/10 in the low back, bilateral shoulders, wrist, hands, and left hip. While she was working for a month and 3 weeks, her pain increased. A progress note dated 7/8/2014 recommended this patient to start physical therapy 2 to 3 times per week for 6 weeks for the lumbar and cervical spine. Objective findings: paraspinal spasms and tenderness in cervical and lumbar spine, and numbness and tingling sensation in bilateral legs with straight leg raising test. Her medications included Norco, Soma, and Lyrica. The diagnostic impression showed cervical displacement of intervertebral disc, T8-T9 disc herniation with disc desiccation, L5-S1 herniated nucleus pulposus with annular tear, left shoulder supraspinatus tendinosis, and herniated nucleus pulposus at C6-C7. Treatment to date: medication management, behavioral modification, physical therapy, surgery. A UR decision dated 9/10/2014 denied the request for 18 sessions of Physical Therapy for the cervical spine, lumbar spine, upper, and lower extremities. Soma 350mg #60 was also denied. Regarding 18 sessions of Physical Therapy for the cervical spine, lumbar spine, upper, and lower extremities, the rationale provided regarding the denial was that physical examination was limited to findings of tenderness in the neck and lumbar spine and subjective complaints of numbness in the legs. However, the available information did not demonstrate what prior physical treatment may have been, the response to same, or the present basis for supervised physical therapy. Regarding Soma, the basis for this medication was not demonstrated in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 18 sessions, cervical spine, lumbar spine, upper and lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-Physical Therapy (Displacement of cervical intervertebral disc) American College of Occupational and Environmental Medicine (ACOEM) Pain, Suffering, and the Restoration of Function Chapter 6 page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 10 physical therapy visits over 8 weeks for treatment of displacement of cervical intervertebral disc, as well as intervertebral disc disorders without myelopathy. However, it was unclear how many previous physical therapy visits this patient has had. A progress note dated 7/8/2014 recommended this patient to start physical therapy for the cervical and lumbar spine, 2 to 3 times per week for 6 weeks. In the 8/26/2014 progress note, there was no documentation of functional improvement noted from these visits. In fact, the patient complained that the pain had gotten worse, and rated her pain as 9-10/10 in the cervical and lumbar areas. Furthermore, there was no discussion regarding this patient transitioning into a home exercise program. Therefore, the request for 18 Physical Therapy sessions for the cervical spine, lumbar spine, upper and lower extremities Is not medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation FDA: Carisoprodol

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. However, in the 8/26/2014 progress report, there was no documentation of an acute exacerbation of pain. Furthermore, this patient had been on Soma since at least 7/8/2014, and guidelines do not support long term use. Lastly, this patient was documented to be on the opioid Norco, and Soma

has been known to augment or alter the effects of opiates. Symptoms such as respiratory depression and death can occur. Therefore, the request for Soma 350mg #60 Is not medically necessary.