MAXIMUS Federal Services

Case Number:	CM14-0176405		
Date Assigned:	10/29/2014	Date of Injury:	05/28/2013
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal 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 injured worker (IW) is a 41-year-old woman with a date of injury of May 28, 2013. The IW was attempting to retrain a combative child when the child began kicking and butting the claimant in the head and otherwise resisted efforts to control the child. The IW developed discomfort affecting the cervical spine and had increased pain affecting the lumbosacral spine. The IW has been treated with Ibuprofen 800mg and Bimovo 500-20mg (Naprosyn compound). The IW had a series of epidural injections and underwent a cervical surgery, 3 level fusion at C4-C5, C5-C6, and C6-C7 in March of 2014.According to the progress report dated October 10, 2014, the IW had complaints related to her lumbar spine. The pain was increased with bending, twisting and prolonged standing. Physical examination revealed paraspinal spasms from L1 to the sacrum bilaterally. The lumbar flexion was 30 degrees with increased back pain in the upper to mid lumbar region. The IW was diagnosed with lumbar disc injuries, L1-L2 and L3-L4 with disc protrusions, back pain, and cervical disc injury with C4 to C7 fusion. Treatment plan recommendations include physical therapy twice a week for 4 weeks, Relafen 500mg, and Flexeril 10mg. According the progress note dated September 18, 2014, the IW indicated that she was uncertain if physical therapy will be contemplated for her spine surgery in March of 2014, then she states that during the course of care, she received physical therapy (PT). There is no documentation in the medical record providing dates or functional improvement of past physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Flexeril

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 10 mg #60 is not medically necessary. The guidelines state Cyclobenzaprine is recommended for short course of therapy. The effect is modest and comes at the price of adverse side effects. The greatest effect is in the first four days of treatment. Documentation needs to show functional improvement during the course of treatment for continued treatment. In this case, the injury sustained by the injured worker is chronic in nature (dates back to 2013) and ongoing use of cyclobenzaprine for chronic musculoskeletal pain is not indicated or recommended. Consequently, continued use of cyclobenzaprine at the quantity prescribed is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, cyclobenzaprine 10 mg #60 is not necessary.

Physical Therapy, 2 x weekly to low back: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy two times weekly to the lower back is not medically necessary. The guidelines provide for frequency and duration for physical therapy. PT is recommended for intervertebral disc disorders without myelopathy for total of 10 visits over eight weeks; and for lumbago, backache and unspecified back disorders for a total of nine visits over eight weeks. In this case, the request of physical therapy twice weekly for four weeks for low back pain is not supported. The record shows there was prior physical therapy given in 2013. The injury is not specified nor was the objective outcome documented as to functional improvement. The guidelines indicate the documentation must reflect whether there was an objective functional improvement post physical therapy. Consequently, additional physical therapy is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, physical therapy two times per week for four weeks is not medically necessary.