

Case Number:	CM14-0021596		
Date Assigned:	05/05/2014	Date of Injury:	05/27/2011
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 is a 46 year old male who reported an injury on 05/27/2011. The mechanism of injury was not provided. The diagnoses included low back pain and status post laminectomy, 08/17/2011. Per the 01/13/2014 progress report, the injured worker reported a flare up in the low back. He reported stretching and walking on a treadmill for 45 minutes every day but his pain has been worse. He reported physical therapy provided good relief in the past. Objective findings included minimal tenderness in the lumbar spine. Lumbar spine range of motion was noted to be 60 degrees of forward flexion and 10 degrees of extension. The injured worker had limited right lateral bending compared to the left. The current medications included Motrin 800mg and a TENS unit. The provider recommended physical therapy and Baclofen to help with his flare up. Per the 02/10/2014 progress report, the injured worker reported persistent low back pain. He reported Baclofen was not helping much. Objective findings were unchanged. Per the 03/10/2014 progress report, the injured worker reported doing much better and exercising on a daily basis. The request for authorization form for Baclofen 20mg and 8 sessions of physical therapy for the low back was submitted on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF PHYSICAL THERAPY FOR THE LOW BACK: Upheld

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

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

Decision rationale: The request for eight (8) sessions of physical therapy for the low back is not medically necessary. The CA MTUS guidelines recommend 9-10 visits with the fading of treatment frequency, plus active self-directed home physical medicine. The medical records provided indicate the injured worker has had physical therapy in the past which provided good relief. The number of sessions completed is unclear. There is a lack of documentation regarding prior therapy to evaluate for objective functional improvements made; therefore, the necessity for additional therapy cannot be determined. The injured worker reported exercising daily. There is no indication the injured worker cannot continue his home exercise regimen or that it has been ineffective. Since the number of past physical therapy sessions is unclear, the request for 8 additional sessions cannot be supported. As such, the request for eight (8) sessions of physical therapy for the low back is not medically necessary.

BACLOFEN 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63.

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

Decision rationale: The request for Baclofen 20mg is not medically necessary. The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The medical records provided indicate an ongoing prescription for Motrin 800mg. The guidelines state in most cases, muscle relaxants show no benefit beyond NSAIDs. There is also no indication the injured worker was experiencing any muscle spasms to warrant the use of Baclofen. In addition, the submitted request does not specify a quantity. As such, the request for Baclofen 20mg is not medically necessary.