

<b>Case Number:</b>	CM14-0064626		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Arizona. 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 patient is a 57 year old male with a date of injury on 2/12/2009. Diagnoses include cervical disc fusion C5-6 on 6/28/13 and C5-6 posterior fusion on 10/4/13. Subjective complaints are of neck stiffness and loss of motion, and the x-ray showed 95% fusion. Patient stated that he wanted to try physical therapy; due to chronic pain in the neck, low back, and right shoulder has increased. Physical exam shows reduced cervical and lumbar range of motion. Submitted documentation does not identify the amount of previous physical therapy that was provided post-operatively. Medication consists of Fexmid 7.5mg. Plan was to continue post-operative physical therapy, and restart Physical Therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3x4( 12):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 26.

**Decision rationale:** The CA MTUS post-surgical guidelines indicate that 24 visits over 16 weeks are recommended status post cervical fusion. The ODG indicates that for lumbar strains/sprains 10 visits over 8 weeks are recommended. For this patient, submitted documentation does not indicate the amount of prior physical therapy attended, and documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial. Therefore, the medical necessity for 12 physical therapy sessions is considered not medically necessary.

**Fexmid 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

**Decision rationale:** CA MTUS guidelines indicate that "the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects." This patient had been using chronically, which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guideline suggestions, Cyclobenzaprine as short term therapy and there was no clear benefit noted from adding this medication. Therefore, the requested prescription for Cyclobenzaprine is not medically necessary.

**ROM(retro):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

**Decision rationale:** ACOEM guidelines do not support computerized muscle testing for the evaluation or management of injuries to the back. Furthermore, testing of strength and range of motion is considered part of a regular office visit. Therefore, the medical necessity of Range of Motion (ROM) testing is not established.