

Case Number:	CM14-0072407		
Date Assigned:	07/16/2014	Date of Injury:	08/02/2000
Decision Date:	09/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 injured worker's date of injury is 08/02/2000. The documents provided do not include actual reports from the treating physician. The initial injury involved the patient head and neck, which was struck by a falling box of candy. The patient received chiropractic treatment to the cervical spine and pool therapy offered some relief. The patient takes Cyclobenzaprine, Baclofen, and Norco. No description of the physician's physical exam was included. The patient's diagnoses include: cervical disc disease, post-laminectomy syndrome lumbar area, and lumbosacral sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical 2x2: Upheld

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

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

Decision rationale: This patient did receive some physical therapy; however, the documentation did not clearly state how many sessions the patient received. There was no documentation if the patient practices a home exercise program. The guidelines call for fading of physical therapy

sessions and then a home exercise program should be continued. Based on the documentation, the request for cervical spine PT is not medically indicated.

Cyclobenzaprine 10mg 1 tab QD #30 Refill x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63.

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

Decision rationale: Cyclobenzaprine is a muscle relaxer, specifically an antispasmodic. This medication is indicated for the short-term management of muscle spasm associated with low back pain. When used over the long-term side effects mount. The request for cyclobenzaprine is not medically indicated.