

<b>Case Number:</b>	CM14-0079834		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Utah. 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 59-year-old female. The patient's date of injury is 1/21/2011. The mechanism of injury was when she was transferring a client from a commode to a chair, the client fell and the injured worker was taken down. The patient has been diagnosed with spinal stenosis, and low back pain. The patient's treatments have included physical therapy, surgical intervention, imaging studies, and medications. The physical exam findings, dated 12/27/2013 show her extremities exam as Full range of motion, with no deformities, no edema and no erythema. The patient's medications have included, but are not limited to, Omeprazole and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for three (3) weeks:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Physical Medicine. MTUS guidelines state the following: Physical Medicine Guidelines allow for fading of treatment

frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions, above the 20 that have been ordered, is not indicated as a medical necessity.

**Cyclobenzaprine 10 mg #60 with 2 refills:** Upheld

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

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

**Decision rationale:** MTUS guidelines state the following, Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short-term therapy. Following guidelines as listed above, there is no indication for the use of Cyclobenzaprine. At this time, the request is not deemed as a medical necessity.