

Case Number:	CM14-0193707		
Date Assigned:	12/02/2014	Date of Injury:	05/15/2009
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 58 year old male with the injury date of 05/05/09. Per treating physician's report 09/15/14, the patient has bilateral shoulder pain, rating as 9/10 and low back pain, rating as 9/10 and bilateral wrist and elbow pain, rating as 6/10. There is tenderness over lumbar paraspinal and sacroiliac joint bilaterally. His lumbar flexion is 50 degrees, extension is 20 degrees and lateral flexion is 20 degrees bilaterally. Straight Leg Raising test is positive. The patient is currently taking cyclobenzaprine. The list of diagnoses is: 1) Lumbar spine herniated nucleus pulposus. 2) Bilateral lower extremity radiculitis. 3) Gastro esophageal reflux. 4) Abdominal pain, referred to specialist. Per operative report 09/16/14, the patient had 3 trigger point injections on bilateral lumbar paraspinal muscles and facet joint injection on bilateral L4-5, L5-S1. Per progress report 06/23/14, the patient takes Flexeril, Omeprazole, Tramadol and topical analgesics. The patient has same pain in his low back, radiating down his lower extremities. The patient completed physical therapy and continues home-based exercise program. The utilization review determination being challenged is dated on 10/30/14. Treatment reports were provided from 01/28/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 137-138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 137-139.

Decision rationale: The treater requests FCE to assess the patient's current abilities and limitations. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5 (2) (B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. It further states that the employer or claim administrator may request FCE or if the physician feels the information from such testing is crucial. In this case, the treater does not explain why FCE is crucial and the request is not generated by the administrator or the employer. Given the lack of the guidelines support for functional captivity evaluation, the request is not medically necessary.

Cyclobenzaprine 10 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

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

Decision rationale: The treater requests Cyclobenzaprine for muscle spasms. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) recommended for a short course of therapy." In this case, there is no documentation of how Flexeril has been helping the patient in terms of pain reduction or functional improvement. The treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of

muscle relaxants to address flare up's. Review of the reports show that the patient has used Flexeril since at least 01/28/14. The request is not medically necessary.

Physical Therapy times 8 to the lumbar spine: Upheld

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

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

Decision rationale: The patient presents pain in his lower back, radiating down his lower extremities. The request is for 8 sessions of physical therapy for the lumbar spine. The treater requests additional therapy for lumbar spine to improve strength and mobility. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the utilization review letter 10/34/14 indicates that the patient has had 16 sessions of physical therapy in the past. The records do not contain therapy reports or a progress report to indicate how physical therapy had helped patient in terms of pain reduction or functional improvement. The treater does not explain why more therapy is needed now. There is no documentation of flare-up's, new injury or significant functional decline requiring formalized therapy. Furthermore, the current 8 sessions combined with 16 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.