

<b>Case Number:</b>	CM14-0064388		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/02/2001
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	04/23/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old female who complained of neck, low back, and upper extremity pain in relation to her injury, sustained on 04/02/2001. The injured worker was diagnosed with lumbar spondylolisthesis, cervical spondylosis, obesity, and sexual dysfunction. She was recommended for a course of physical therapy for the lumbar spine 3 times a week for 4 weeks, continuation of a [REDACTED] weight loss program for an additional 10 weeks, use of a TENS unit, Soma tablets with 2 refills, and Ultram tablets with 2 refills. The injured worker had previously been authorized for 8 physical therapy sessions as of 10/25/2013. She was seen most recently on 12/09/2014, where she continued to complain of low back pain. She was denied authorization for physical therapy, but noted improvement with her medication. Objectively, she had tenderness of the lower lumbar paravertebral musculature with decreased range of motion, but did have a negative straight leg raise bilaterally. Additionally, the injured worker had tenderness over the posterior cervical and bilateral trapezium musculature and decreased range of motion. Sensation was intact, with the physician again requesting a short course of physical therapy, Ultram, Voltaren, Soma, and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to Lumbar Spine 3 x 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

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

**Decision rationale:** Under the California MTUS Guidelines, if an injured worker has not shown significant improvement from prior physical therapy sessions, ongoing therapy cannot be warranted. Additionally, after completing a formal course of physical therapy, a patient is recommended to continue with a home exercise program. Therefore, as there was no documentation of the injured worker's prior response to her previous physical therapy sessions, the request is not medically necessary.

**Continue [REDACTED] for Additional 10 Weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website: [win.niddk.nih.gov/publications/choosing.htm](http://win.niddk.nih.gov/publications/choosing.htm)

**Decision rationale:** Without having any comparative weights identified on the most recent clinical documentations to indicate that the injured worker has been responsive to the previous weight loss program, ongoing participation in the [REDACTED] weight loss program for an additional 10 weeks cannot be supported without indication that it has been effective. As such, the request is not medically necessary.

**TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** According to the California MTUS Guidelines, because the treating physician has failed to indicate the frequency and duration of use for the injured worker to utilize a TENS unit, and with the guidelines recommending a 1 month home based trial to be used as an adjunct to ongoing physical therapy modality, the request cannot be supported at this time and is not medically necessary.

**Soma 350 mg tab #30, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** According to the California MTUS Guidelines, Carisoprodol (Soma) is not recommended and is not indicated for long term use. In the case of this injured worker, there was no reference to the injured worker having been effectively responsive to the use of Soma to support ongoing use. Additionally, because the medication is not indicated for long term duration, the additional 2 refills would be considered inappropriate and is not medically necessary.

**Ultram 50 mg #60, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Under the California MTUS Guidelines, for ongoing use of opioids, a treating physician must refer to the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In the case of this injured worker, there was no indication that her medication had been effective in reducing her overall symptoms to include pain reduction and functional improvement. Additionally, there was no current urine drug screen provided for review to indicate that she had been compliant with her medication use. Therefore, the requested services to include the 2 refills cannot be supported and is not medically necessary.