

<b>Case Number:</b>	CM15-0106237		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 32 year old male who sustained an industrial injury on 12/3/12. The injured worker was diagnosed as having lumbar spine sprain/strain, bilateral lower extremity radiculopathy and facet arthropathy. Of note, several documents within the submitted medical records are difficult to decipher. Currently on 4/6/15, the injured worker was with complaints of lower back pain with radiation to the lower extremities. The patient has had numbness and tingling in feet. Previous treatments included medication management and acupuncture treatment. Physical examination was notable for tenderness to palpation with spasms to the back with radiation to the lower extremities, limited range of motion and normal reflexes. The plan of care was for aquatic therapy visits and medication prescriptions. The patient has had MRI of the lumbar spine on 8/6/14 that revealed facet hypertrophy. The medication list include ultram and Neurontin. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Robaxin 750 MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 64- 65 ANTISPASMODICS: Methocarbamol (Robaxin, Relaxin, generic available).

**Decision rationale:** Request: 120 Robaxin 750 MG. Robaxin contains methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." The injured worker reported injuring her back when attempting to prevent a rack from falling. The injured worker was diagnosed as having lumbar disc protrusion and lumbar myofascitis with trigger points. A progress note dated March 17, 2015 provides the injured worker complains of back pain. She is previously reported to have cognitive impairment, sleep difficulties, psychological problems, bowel and bladder issues and sexual dysfunction. An MRI and electrodiagnostic studies were performed, showing L4-S1 intervertebral disc disease with 3-4 mm disc herniation, annular tear, and left lower extremity radiculopathy. Per the doctor's note dated 3/17/15 patient had complaints of low back pain with radiation in LE at 4-6/10. The patient has had history of muscle spasms. The patient has evidence of muscle spasms on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. The request for 120 Robaxin 750 MG is medically necessary and appropriate for this patient.

**12 Aquatic Therapy Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page(s) 22.

**Decision rationale:** Request: Aqua Therapy 2x4 weeks- Bilateral Low Back. Per MTUS guidelines, aquatic therapy is, Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Any contraindication to land-based physical therapy or a medical need for reduced weight bearing status was not specified in the records provided. There was no evidence of extreme obesity in the patient. There was no evidence of a failure of land based physical therapy that is specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous of therapy visits was not specified in the records provided. Previous of conservative therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current of physical therapy visits evaluation for this patient. As per cited guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent

exercise program is not specified in the records provided. The request for A12 Aquatic Therapy Visits is not medically necessary in this patient.