

Case Number:	CM15-0107214		
Date Assigned:	06/11/2015	Date of Injury:	06/20/2011
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric
 Medicine

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 44 year old female, who sustained an industrial injury on 6/20/11. The injured worker has complaints of low back stiffness and pain. The documentation noted that the injured worker has increased muscles spasms in lower back. The diagnoses have included lumbar disc herniation; lumbar radicular symptoms and chronic bilateral shoulder pain. Treatment to date has included soma; flexeril; norco and physical therapy. The request was for flexeril 10mg quantity 30; transcutaneous electrical nerve stimulation unit and restart physical therapy quantity 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of cyclobenzaprine or flexeril is not substantiated in the records.

TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

Decision rationale: Per the guidelines, a TENS or inferential unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.

Restart Physical Therapy Qty 7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.