

Case Number:	CM15-0108103		
Date Assigned:	06/12/2015	Date of Injury:	03/01/2013
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: California

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 57 year old female, who sustained an industrial injury on 3/1/13. The injured worker has complaints of back pain and bilateral lower extremities pain. The documentation noted tenderness in the paravertebral muscles of the lumbar spine and tender at both sciatic notches. The diagnoses have included displacement of lumbar disc without myelopathy. Treatment to date has included injections; cyclobenzaprine; gabapentin; hydrocodone/acetaminophen and pantoprazole and magnetic resonance imaging (MRI) showed a central disc herniation at L5-S1 (sacroiliac). The request was for flexeril 10mg #30; physical therapy, lumbar spine 6 sessions and physical therapy, hips 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30 #30: Upheld

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

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

Decision rationale: The patient complains of back pain radiating around her hips into her groin and down to back of her legs, as per progress report dated 04/10/15. The request is for Flexeril 10 mg #30. The RFA for the case is dated 05/12/15, and the patient's date of injury is 03/01/13. The patient is awakening with feet numbness, as per progress report dated 04/10/15. Medications included Alprazolam, Armour thyroid, Atorvastatin, Carisoprodol, Celebrex, Cyclobenzaprine, Cymbalta, Diovan, Gabapentin, Hydrocodone and Pantoprazole. Diagnoses, as per progress report dated 04/07/15, included lumbar disc herniation at L4-5, bilateral hip bursitis, and myofascial pain syndrome. The patient has been allowed to return to modified work, as per the same progress report. MTUS pg 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 exacerbation 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, a prescription for Flexeril is first noted in 02/17/15, and the patient has been taking the medication consistently at least since then. The treater does not discuss efficacy in terms of improvement in function or reduction in pain. Additionally, MTUS only recommends short-term use of muscle relaxants. Hence, the request is not medically necessary.

Physical therapy, lumbar spine 6 sessions: Overturned

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

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

Decision rationale: The patient complains of back pain radiating around her hips into her groin and down to back of her legs, as per progress report dated 04/10/15. The request is for Physical Therapy, Lumbar Spine 6 Sessions. The RFA for the case is dated 05/12/15, and the patient's date of injury is 03/01/13. The patient is awakening with feet numbness, as per progress report dated 04/10/15. Medications included Alprazolam, Armour thyroid, Atorvastatin, Carisoprodol, Celebrex, Cyclobenzaprine, Cymbalta, Diovan, Gabapentin, Hydrocodone and Pantoprazole. Diagnoses, as per progress report dated 04/07/15, included lumbar disc herniation at L4-5, bilateral hip bursitis, and myofascial pain syndrome. The patient has been allowed to return to modified work, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the request for PT is noted in progress report dated 05/12/15. Given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. The reports, nonetheless, do not document the number of sessions completed in the past, time-frame of the treatment, and its efficacy. The UR denial letter also does not indicate the extent of prior therapy and states that the therapy was denied because "Benefit and functional improvement of prior therapy have not been documented." MTUS allows for only 8-10 sessions of PT in non-operative cases. However, the patient is experiencing an acute flare-up of her low back pack pain, as per progress report dated 04/07/15, and may benefit from additional sessions, especially if previous therapy was more than an year ago. Hence, the request is medically necessary.

Physical therapy, hips 6 sessions: Upheld

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

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

Decision rationale: The patient complains of back pain radiating around her hips into her groin and down to back of her legs, as per progress report dated 04/10/15. The request is for Physical Therapy, Hip 6 Sessions. The RFA for the case is dated 05/12/15, and the patient's date of injury is 03/01/13. The patient is awakening with feet numbness, as per progress report dated 04/10/15. Medications included Alprazolam, Armour thyroid, Atorvastatin, Carisoprodol, Celebrex, Cyclobenzaprine, Cymbalta, Diovan, Gabapentin, Hydrocodone and Pantoprazole. Diagnoses, as per progress report dated 04/07/15, included lumbar disc herniation at L4-5, bilateral hip bursitis, and myofascial pain syndrome. The patient has been allowed to return to modified work, as per the same progress report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the request for PT is noted in progress report dated 05/12/15. Given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. The reports, nonetheless, do not document the number of sessions completed in the past, time-frame of the treatment, and its efficacy. The UR denial letter also does not indicate the extent of prior therapy and states that the request was denied because "Benefit and functional improvement of prior therapy have not been documented." MTUS allows for only 8-10 sessions of PT in non-operative cases. The treater does not indicate a new injury to the hip or an acute of flare-up of hip pain that may warrant additional therapy. Hence, the request is not medically necessary.