

<b>Case Number:</b>	CM15-0133621		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Orthopedic Surgery

### 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 26 year old male who sustained an industrial injury on 03-25-2014. Current diagnoses include L5-S1 disc protrusion with left S1 radiculopathy and L4-L5 herniated nucleus pulposus. Previous treatments included medications, physical therapy and lumbar epidural steroid injections. Previous diagnostic studies included a lumbar spine MRI. Report dated 03-20-2015 noted that the injured worker presented with complaints that included constant severe low back pain with radiation to the left lower extremity with associated numbness and tingling sensation, and weakness. The injured worker also reported pain that radiates to the buttocks with mild numbness. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Current medications include Soma, Ultracet, and Voltaren XR. Physical examination was positive for a slow gait and guarding favoring the left lower extremity, limited range of motion in the lumbar spine, mild muscle spasm over the lumbar paravertebral musculature, positive straight leg, Braggard's and Bowstring testing on the left, weakness over the left gastrocnemius and peronues longus motor groups, sensory deficit over the left S1 dermatome, and left Achilles deep tendon reflex is absent. The treatment plan included requests for surgery and associated surgical services continue current medications for Soma, Ultracet, and request for continued physical therapy for the lumbar spine. Physical therapy progress notes indicate that the injured worker has completed 8 visits of physical therapy for the lumbar spine. Disputed treatments include postoperative physical therapy 24 visits, Soma, and continued physical therapy for the lumbar spine 2x4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. In this case, the exam note from 3/20/15 does not demonstrate prior dosages and response to Soma. In addition, the guidelines do not recommend long term use. Therefore the determination is not medically necessary.

**Associated surgical service: Continue physical therapy 2 x 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99 recommend the following for non-surgical musculoskeletal conditions, 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. In this case there is insufficient evidence as to why the patient cannot be placed on a home based program and requires further physical therapy. Therefore determination is not medically necessary.

**Post-operative physical therapy x 24 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** Per the CA MTUS/Post-Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy: Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. Guidelines recommend 1/2 of the initial 16 visits initially be performed. In this case the request exceeds the 8 visits recommended. Therefore the determination is not medically necessary.

