

Case Number:	CM15-0134214		
Date Assigned:	07/22/2015	Date of Injury:	07/31/1991
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	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: 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:

This is a 65 year old female with a July 31, 1991 date of injury. A progress note dated June 3, 2015 documents subjective complaints (aching of the neck left greater than right; aching of the upper back, low back, and bilateral hamstrings; numbness in the left lower arm and radial hand; symptoms worse since last visit; back pain rated at a level of 5-6/10; lag pain rated at a level of 4/10; neck pain rated at a level of 7/10; arm pain rated at a level of 4/10), objective findings (mild pain with cervical spine range of motion; diffuse tenderness over the cervical paraspinal muscles; decreased sensation in the left C6 distribution; extremely limited lumbar range of motion), and current diagnoses (cervical and lumbar post laminectomy syndrome; degenerative disc disease of the cervical and lumbar spines; cervical radiculopathy; intermittent muscle spasming). Treatments to date have included cervical spine fusion, lumbar spine fusion, rhizotomies, and medications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included aquatic physical therapy for the cervical and lumbar spine, and Methocarbamol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy 2x/12 (lumbar, cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22, 98,99.

Decision rationale: The patient presents with pain in the neck, upper back, lower back, bilateral hamstrings and numbness in the left lower arm and hand. The request is for Aquatic Physical Therapy 2 X 12 (Lumbar, Cervical). Patient is status post cervical spine surgery 1992 and lumbar spine surgery, date unspecified. Physical examination to the cervical spine on 06/03/15 revealed tenderness to palpation over the paraspinals. Range of motion was limited with pain. Range of motion of the lumbar spine was extremely limited. Per 12/10/14 progress report, patient's diagnosis include post laminectomy syndrome, cervical and lumbar, and degenerative disc disease, cervical and lumbar spines. Patient's medications, per 03/05/15 progress report include Trazodone, Nexium, Prozac, Norco, Percocet, Vitamin B-12, Calcium and Magnesium, and Robaxin. Patient is permanent and stationary. MTUS page 22 has the following regarding aquatic therapy: Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The 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." 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." Treater has not discussed this request. Review of the medical records provided did not indicate prior aquatic therapy. Furthermore, there is no mention as to why reduced weight bearing exercises are necessary and no extreme obesity is documented to warrant water therapy. Additionally, MTUS supports no more than 8-10 sessions of therapy for the kind of condition this patient is suffering from. The request is not medically necessary.

Methocarbamol 750mg #90 (refill x5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary last updated 06/15/2015.

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

Decision rationale: The patient presents with pain in the neck, upper back, lower back, bilateral hamstrings and numbness in the left lower arm and hand. The request is for Methocarbamol 750 MG # 90 (Refill x 5). Patient is status post cervical spine surgery 1992 and lumbar spine surgery, date unspecified. Physical examination to the cervical spine on 06/03/15 revealed tenderness to palpation over the paraspinals. Range of motion was limited with pain. Range of motion of the lumbar spine was extremely limited. Per 12/10/14 progress report, patient's diagnosis include post laminectomy syndrome, cervical and lumbar, and degenerative disc disease, cervical and lumbar spines. Patient's medications, per 03/05/15 progress report include Trazodone, Nexium, Prozac, Norco, Percocet, Vitamin B-12, Calcium and Magnesium, and Robaxin. Patient is permanent and stationary. MTUS page 63-66 Muscle relaxants (for pain)

states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under Antispasmodics for Methocarbamol (Robaxin , Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Patient has been dispensed Methocarbamol (Robaxin) from 09/17/14 and 06/03/15. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Methocarbamol (Robaxin) has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 90 tablets with 5 refills does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.