

Case Number:	CM15-0135083		
Date Assigned:	07/23/2015	Date of Injury:	04/02/2013
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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(n) 47 year old male, who sustained an industrial injury on 4/2/13. He reported pain in his lower back related to pushing a heavy object. The injured worker was diagnosed as having left-sided subarticular and foraminal stenosis status post L4-L5 transforaminal fusion and right lumbar radiculitis. Treatment to date has included a lumbar epidural injection in 7/2013 with 2 days of relief, physical therapy in 2013, a lumbar fusion in 2014, acupuncture, Neurontin, Norco and Flexeril. As of the PR2 dated 6/11/15, the injured worker reports persistent lower back pain that radiates from a 1 up to a 4. He stated that physical therapy is improving his range of motion and decreasing his pain. He has completed 6 out of 12 physical therapy sessions. Objective findings include tenderness to lumbar paraspinal muscles and decreased range of motion. The treating physician requested an additional physical therapy for the lumbar spine x 12 sessions and Flexeril 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left side sub-articular and foraminal stenosis status both L4 -L5 transforaminal fusion; right lumbar radiculitis resolving; and slight antalgic gait pattern. Date of injury is April 2, 2013. Request for authorization is June 25, 2015. A progress note dated October 17, 2013 shows the injured worker received 8 physical therapy sessions. The treating provider requested an additional 12 physical therapy sessions. A physical therapy progress note dated May 7, 2014 indicates the injured worker is currently on visit number #4. A June 11, 2015 progress note shows the injured worker received 6 out of 12 physical therapy sessions authorized. The treating provider is requesting an additional 12 physical therapy sessions. There are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically indicated. There is no documentation demonstrating objective functional improvement from prior physical therapy. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy lumbar spine 12 sessions is not medically necessary.

Flexeril 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are left side sub-articular and foraminal stenosis status both L4 - L5 transforaminal fusion; right lumbar radiculitis resolving; and slight antalgic gait pattern. Date of injury is April 2, 2013. Request for authorization is June 25, 2015. According to her progress note dated December 22, 2014, the treating provider prescribed Flexeril 10 mg. According to June 11, 2015 progress note, subjectively the injured worker complains of ongoing low back pain. Objectively, there is tenderness palpation over the lumbar paraspinal muscle groups. There is no documentation of muscle spasm. Additionally, Flexeril is indicated for short-term (less than two weeks). Flexeril was prescribed December 2014. At a minimum, Flexeril was prescribed in excess of five months. The start date is not specified in the medical record. The guidelines recommend Flexeril for short-term (less than two weeks) use. There are no compelling

clinical facts supporting the ongoing use of Soma. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation of muscle spasm, objective functional improvement and treatment in excess of the recommended guidelines for short-term use (medication continued in excess of five months), Flexeril 10 mg #60 is not medically necessary.