

Case Number:	CM15-0144560		
Date Assigned:	08/05/2015	Date of Injury:	12/04/2013
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old woman sustained an industrial injury on 12-4-2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI. Diagnoses include multiple disc bulges in the lumbar spine, anxiety, and depression. Treatment has included oral medications. Physician notes on a PR-2 dated 5-29-2015 show complaints of low back pain with radiation to the left leg with numbness and tingling and numbness in the right anterior thigh and weakness in the legs. Recommendations include lumbar spine epidural steroid injections, laboratory testing, continue chiropractic and physiotherapy, continue acupuncture, refill all medications including Fexmid, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy two (2) times a week over six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in December 2013 and is being treated for radiating low back pain. When seen, there was decreased lumbar range of motion and straight leg raising was positive. There was decreased lower extremity strength and sensation with symmetrical reflexes. Authorization for an epidural steroid injection, physical therapy, and medication refills was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.

Fexmid 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work-related injury in December 2013 and is being treated for radiating low back pain. When seen, there was decreased lumbar range of motion and straight leg raising was positive. There was decreased lower extremity strength and sensation with symmetrical reflexes. Authorization for an epidural steroid injection, physical therapy, and medication refills was requested. Fexmid (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and Fexmid was not medically necessary.