

<b>Case Number:</b>	CM15-0145999		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/09/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 76 year old male who sustained an industrial injury on May 09, 2006. A recent primary treating office visit dated June 26, 2015 reported subjective complaint of with increased stiffness after having stopped physical therapy session 3 weeks prior. He states that therapy session had improved the low back pain along with noted improved range of motion. Objective assessment found the patient back flexion at 75 degrees, and slightly limited right lateral bending; without neurologic deficit. The assessment noted the worker with lumbar degenerative disc disease. The plan of care noted the injured worker continuing with a course of physical therapy with a re-evaluation in 6 weeks. A physical therapy note dated May 18, 2015 reported the treating diagnosis as lumbago. This is visit 11. Current subjective complaint noted back pain reduced in intensity in addition to the right side range of motion noted increased. The recommendation noted hands on treatment noted helpful. Functional gains are noted as with increased standing tolerance without associated episodes of parasthesia's to the right anterior thigh. There were noted myofascial restrictions at psoas, ql, paraspinals, lats, diaphragm, rectus abdominals and oblique's. Back on March 20, 2015 he had subjective complaint of back pain. The pain is noted worse with flexion. Objective findings showed: back flexion is approximately 75 degrees, extension 20 degrees, and lateral bending 30 degrees with mild pain to the right. The assessment noted the worker with lumbar degenerative disc disease, mild flare. The plan of care noted the worker to be enrolled in physical therapy to work on mobility and flexibility as well as core strengthening. Medication regimen consisted of: Naprosyn, and Tylenol #3.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy at Barrows 2x2 weeks, then 1x4 weeks, then 1x per week every 2-4 weeks Qty: 10.00:** 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:** The patient presents on 06/26/15 with unrated lower back pain, improving following recent physical therapy treatment. The patient's date of injury is 05/09/06. Patient is status post lumbar spine laminotomy at L3 through S1 levels at a date unspecified. The request is for Continue Physical Therapy at Barrows 2x2 weeks, then 1x4 weeks, then 1x every 2-4 weeks. The RFA is dated 06/26/15. Physical examination dated 06/26/15 reveals lumbar range of motion to be 75 degrees on flexion, 30 degrees on extension, with slightly limited right lateral bending noted. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 07/12/10, significant findings include: "Scoliosis convex to the right with extensive bony and disc degenerative changes. Extensive foraminal narrowing at multiple levels... Thecal sac compression consistent with mild-to-moderate stenosis at L2-3 and L3-4... Post surgical changes with laminotomies at L3-4, L4-5, and L5-S1." Patient's current work status is not provided. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 8-12 additional physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. The documentation provided indicates that this patient has recently completed 12 sessions of physical therapy for his lumbar spine. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature, the requested series of sessions in addition to those already completed exceeds these recommendations. There is no discussion as to why this patient is unable to transition to a self-directed physical therapy regimen, either. Therefore, the request is not medically necessary.

**Soma 350 Qty: 90.00:** 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 Carisoprodol Muscle relaxants (for pain) Page(s): 29, 63-66.

**Decision rationale:** The patient presents on 06/26/15 with unrated lower back pain, improving following recent physical therapy treatment. The patient's date of injury is 05/09/06. Patient is

status post lumbar spine laminotomy at L3 through S1 levels at a date unspecified. The request is for Soma 350 Qty: 90.00. The RFA is dated 06/26/15. Physical examination dated 06/26/15 reveals lumbar range of motion to be 75 degrees on flexion, 30 degrees on extension, with slightly limited right lateral bending noted. The patient's current medication regimen is not provided. Diagnostic imaging included lumbar MRI dated 07/12/10, significant findings include: "Scoliosis convex to the right with extensive bony and disc degenerative changes. Extensive foraminal narrowing at multiple levels... Thecal sac compression consistent with mild-to-moderate stenosis at L2-3 and L3-4... Post surgical changes with laminotomies at L3-4, L4-5, and L5-S1." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use". MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the request for 90 tablets of Soma, the provider has exceeded guideline recommendations. There is no evidence in the records provided that this patient has taken Soma previously. MTUS guidelines support the use of this medication for 2-3 weeks provided its use is directed at acute injury or recent flare up, this patient presents with uncomplicated chronic lower back pain. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Therefore, the request is not medically necessary.