

Case Number:	CM15-0166155		
Date Assigned:	09/03/2015	Date of Injury:	01/06/2009
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 53-year-old female who reported an industrial injury on 1-6-2009. Her diagnoses, and or impression, were noted to include: left lumbosacral radiculopathy; status-post lumbosacral laminectomy and decompression (5-2011); left upper extremity resting tremor; cervical spine sprain-strain; status-post repair of cerebral spinal leak and decompression of the left lumbosacral root on 6/15/2015; and headaches. No current imaging studies were noted. Her treatments were noted to include: consultations; lumbar surgery on 6-8-2015; medication management with toxicology studies; and rest from work. The progress notes of 7-29-2015 reported a return visit for persistent, moderate-severe pain in the neck; frequent, severe pain in the low back that radiated down into the left lower extremity and caused weakness; severe pain with weakness and numbness in the left foot; and that his pain was made better with rest and medication. Objective findings were noted to include: a well-healed lumbar surgical scar; tenderness to the left > right lumbar para-spinals; and positive left straight leg raise with decreased lumbar range-of-motion, decreased strength, and decreased sensation. The physician's requests for treatments were noted to include post-operative physical therapy for the lumbar spine, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2009 with left lumbosacral radiculopathy; status-post lumbosacral laminectomy and decompression (5-2011); left upper extremity resting tremor; cervical spine sprain-strain; status-post repair of cerebral spinal leak and decompression of the left lumbosacral root on 6/15/2015; and headaches. As of July, there is persistent, moderate-severe pain in the neck; frequent, severe pain in the low back that radiated down into the left lower extremity. The amounts and objective functional improvement outcomes of past post surgical therapy is not noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request is not medically necessary.

Flexeril (Cyclobenzaprine) 10mg #60 dispensed on 07/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: As previously shared, this claimant was injured in 2009 with left lumbosacral radiculopathy; status-post lumbosacral laminectomy and decompression (5-2011); left upper extremity resting tremor; cervical spine sprain-strain; status-post repair of cerebral spinal leak and decompression of the left lumbosacral root on 6/15/2015; and headaches. As of July, there is persistent, moderate-severe pain in the neck; frequent, severe pain in the low back that radiated down into the left lower extremity. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically

supported in the MTUS. The request is not medically necessary.