

<b>Case Number:</b>	CM15-0202497		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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:

The injured worker is a 40 year old male who sustained an industrial injury on 10-29-12. A diagnosis is noted as status post lumbar laminotomy and decompression at L4-L5 and L5-S1 with persistent left leg radiculopathy and persistent subarticular and foraminal stenosis. Subjective complaints (8-17-15) include lumbar spine pain rated 8.5 out of 10, with pain radiation to the left lower extremity, (8-28-15) continued weakness in left leg with left leg buckling, decreased strength in ankle and foot, decreased sensation in left ankle, left foot, left leg, unable to work, "pain has gotten dramatically worse", and pain is rated 9 out of 10. Objective findings (8-28-15) include 4 out of 5 strength in the left extensor hallucis longus and gastroc, decreased sensation in the lateral and dorsal left ankle and foot, straight leg raise is positive on the left at 45 degrees, and diffuse paraspinal tenderness and spasm is noted. He ambulates wearing a back brace, using a walker. Work status is to remain off work until 8-28-15. Previous treatment includes medication, and at least 12 visits of physical therapy. The treatment plan includes a psychiatric consultation, Flurbiprofen-Baclofen-Lidocaine (20%-5%-4%) cream, continue with cane and back brace, physical therapy to the lumbar spine 2x6, Norco 10-325mg #90, no refills, 1 every 4 hours as needed for pain, Soma 350mg #60, no refills, 1 twice a day as needed for spasms, Neurontin 300mg #90, no refill, 1 every 8 hours, and Xanax 0.5mg #60, no refill, 1 every 6 hours as needed. The requested treatment of Soma 350 mg #60, psychiatric consultation, and physical therapy for the lumbar spine 2x6 was non-certified on 9-3-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (Carisoprodol) 350 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Carisoprodol (Soma).

**Decision rationale:** The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. In this case, the injured worker has chronic pain with no evidence of an acute exacerbation of muscle spasm. Per available documentation, he has been using this medication for chronic pain which is not supported by the guidelines, therefore, the request for Soma (Carisoprodol) 350 MG #60 is determined to not be medically necessary.

**Psychiatric Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Stress-Related Conditions 2004, Section(s): Failure.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Regarding a psychiatry consult, per the MTUS guidelines, failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. There should be a high index of suspicion for the prevalent but under-diagnosed condition of depression. If a patient expresses chronic dissatisfaction with work or has experienced significant dissatisfaction for several months, referral for psychiatric assessment or vocational counseling may be appropriate. In this case, per the available documentation, the injured worker has expressed feelings of anxiety and depression, related to his illness, for several months, therefore, the request for psychiatric consultation is determined to be medically necessary.

**PT for Lumbar Spine 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already participated in 12 sessions of physical therapy for the low back without evidence of increased function or pain relief. He remains off work and continues to have trouble with activities of daily living. Additionally, this request for 12 physical therapy sessions exceeds the recommendations of the guidelines, therefore, the request for PT for lumbar spine 2x6 is determined to not be medically necessary.