

Case Number:	CM15-0020319		
Date Assigned:	02/09/2015	Date of Injury:	09/10/2012
Decision Date:	04/03/2015	UR Denial Date:	02/01/2015
Priority:	Standard	Application Received:	02/03/2015

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: Family Practice

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 41-year-old male who reported an injury on 09/10/2012. The mechanism of injury was cumulative trauma. The injured worker underwent an MRI of the lumbar spine. The surgical history was not provided. Prior therapies included physical therapy and medications. Documentation of 01/22/2015 revealed the injured worker had 10% reduction in chronic pain and improved function with 6 physical therapy visits. The request was made for 8 additional sessions of physical therapy to restore spinal range of motion and improve core strength to facilitate the injured worker returning back to work. There was a Request for Authorization submitted for review dated 01/12/2015 for Skelaxin 800 mg and physical therapy. The documentation of 01/12/2015 revealed the injured worker had a need to continue with Mobic 7.5 mg per day and start Skelaxin 800 mg as needed. The injured worker had decreased range of motion of the lumbar spine.

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 x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for injured workers for up to 10 visits for injured workers with myalgia, myositis, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. The documentation indicated the injured worker had 10% reduction in chronic pain and improved function. However, the specific objective improved function was not provided. However, there was a lack of documentation of objective functional deficits that remained. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for physical therapy for the lumbar spine x8 is not medically necessary.

Skelaxin 800mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. The medication is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker was to start the medication. There was documentation indicating the request was made for a 30 day trial of Skelaxin 800 mg to decrease muscle spasms. This medication would have been supported for 3 weeks. However, the request as submitted failed to indicate the frequency and the quantity. Given the above, the request for Skelaxin 800 mg, quantity unspecified is not medically necessary.