

Case Number:	CM15-0213592		
Date Assigned:	11/03/2015	Date of Injury:	11/30/2011
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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: Ohio, West Virginia

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

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 35 year old female, who sustained an industrial injury on 11-30-11. The injured worker is diagnosed with level 2 disc herniation, lumbar disc annular tear, post posterior lumbar fusion with radiculopathy and sacroiliac joint radiculopathy. Her work status is temporary total disability. Notes dated 9-15-15 and 10-29-15 reveals the injured worker presented with complaints of low back pain that radiates to her right leg and right calf. She also reports sacroiliac joint pain. Her pain is rated at 5 out of 10. She reports difficulty engaging in activities of daily living. Physical examinations dated 9-15-15 and 10-29-15 revealed a well healed lumbar surgical scar. There is mild to moderate discomfort to palpation in the mid to low lumbar spine and right sacroiliac joint region, as well as mild to moderate palpable muscle spasms. Lumbar spine range of motion is decreased and painful in all planes. Treatment to date has included sacroiliac joint steroid injection, which provided minimal relief per note dated 9-29-15, lumbar fusion at L4-L5 and L5-S1, medication helps control her pain per note dated 9-29-15 and physical therapy (unknown number of sessions). Diagnostic studies include lumbar spine MRI. A request for authorization dated 10-13-15 for 16 physical therapy sessions for the lumbar spine (2x8) is modified to 6 sessions and Soma 350 mg is non-certified, per Utilization Review letter dated 10-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical therapy sessions to the lumbar spine (2x8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate a prior period of physical therapy, but that was over a year past so this must be considered a new prescription for exacerbated symptoms. There is no record of a new initial trial or the results of that trial. Earlier UR recommended a six- visit trial, which is appropriate. As such, the request for 16 physical therapy sessions to the lumbar spine (2x8) is not medically necessary.

Soma 350mg: 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): Carisoprodol (Soma), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. This request for Soma 350mg does not include any specified amount anywhere in the available medical record, given the requirement for short-term therapy only this information is essential for approval of the medication. As such, the request for Soma 350mg is not medically necessary.