

<b>Case Number:</b>	CM15-0032682		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, New York, 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 applicant is a represented 46-year-old [REDACTED] [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 23, 2013. In a utilization review report dated February 9, 2015, the claims administrator failed to approve a request for Flexeril, physical therapy, and a follow-up visit with a pain management physician. The claims administrator referenced a February 2, 2015 RFA form in its determination. The claims administrator contended that the applicant had received recent physical therapy in late 2014, without benefit. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the pain management follow-up visit and, furthermore, mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. On December 29, 2014, the applicant reported ongoing complaints of low back pain and left knee pain. The applicant was status post a knee arthroscopy. The applicant had ancillary issues, which included hypertension. Physical therapy, manipulative therapy, pain management consultation, and sacroiliac joint injection were proposed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine HCL) 10 mg #60 with a dos of 1/19/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** 1. No, the request for Flexeril (cyclobenzaprine) 10 mg #60 was not medically necessary, medically appropriate, or indicated here. The 60-tablet supply of cyclobenzaprine at issue, represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Physical therapy 2 times a week for 6 weeks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** 2. Similarly, the request for 12 sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant had had earlier unspecified amounts of physical therapy through the date of the request. It did not appear that the applicant responded favorably to the same. The applicant's work status was not documented above, suggesting the applicant was not, in fact, working, implying a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.

**Pain management follow up as recommended by [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** 3. Finally, the request for pain management follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in

ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted, even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant has longstanding, multifocal pain complaints. The applicant was seemingly off of work. Injection therapy has been proposed. Obtaining the added expertise of a physician specializing in chronic pain, thus, was indicated on a variety of levels. Therefore, the request was medically necessary.