MAXIMUS Federal Services

Case Number:	CM15-0045806		
Date Assigned:	03/18/2015	Date of Injury:	07/01/2011
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 7/01/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar decompression/fusion on 10/24/2011, lumbar disc disease/grade 2 anterolisthesis, bilateral S1 radiculopathy, cervical disc disease, thoracic sprain/strain versus thoracic disc disease, left knee pain, left ankle pain, and left ankle arthroplasty. Treatment to date has included surgical and conservative measures, including diagnostics and medications. Currently, the injured worker complains of spinal pain, rated 2/10. He reported that pain eased with physical therapy and chiropractic. He complained of lower back and left knee pain causing left lower extremity atrophy. Physical exam noted lumbar range of motion as 50% of expected. One plus tenderness was noted at the L4-5 paraspinal region. X-ray of the lumbar spine (9/17/2013) was referenced as showing no instability or hardware loosening. Sensation was decreased to the left leg in the L4-5 and L5-S1 dermatomes. Current medication use was not described. The treatment plan included chiropractic, physical therapy, Cyclobenzaprine, Norco, and continued independent exercise program. An Agreed Medical Examination, dated 1/31/2015, noted that body mass index exceeded 30%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Spine Pain and Left Lower Extremity Qty 8: Overturned

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

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

Decision rationale: The injured worker carries a diagnosis of chronic low back pain and left extremity weakness. 8 sessions of physical therapy and chiropractic are being requested. For the diagnoses of neuralgia and radiculitis, 8-10 visits over 8 weeks of physical therapy is recommended according to MTUS guidelines. The request falls within cited guidelines and is therefore medically necessary.

Chiropractic Therapy for Spine Pain and Left Lower Extremity Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The injured worker carries a diagnosis of chronic low back pain and left extremity weakness. 8 sessions of physical therapy and chiropractic therapy are being requested. The MTUS guidelines recommends manual therapy as an option for low back pain with trial of 6 visits over 6 weeks and continuation upon evidence of improvement. The requested 8 chiropractic therapy sessions exceeds MTUS guidelines and is therefore not medically necessary.

Cyclobenzaprine 10 MG Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page Page(s): 63-65.

Decision rationale: The injured worker carries the diagnosis of chronic low back pain with occasional flare-ups which are reportedly relieved with Flexeril. Lumbar paraspinal muscles are notable for 1+ tenderness. The primary treating physician is requesting cyclobenzaprine 10 mg and Norco 5/325 mg as needed for flare-ups. With regards to muscle relaxants, MTUS guidelines recommends them as an option for short-term use. Request as written complies with MTUS guidelines and is therefore medically necessary.