

<b>Case Number:</b>	CM15-0081242		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42 year old female who sustained an industrial fall injury to her lower back and buttocks on 04/11/2012. The injured worker was diagnosed with lumbago, lumbar degenerative disc disease, chronic low back pain, obesity and depression. Treatment to date includes diagnostic testing including a recent lumbar magnetic resonance imaging (MRI) on April 2, 2015 and an Electromyography (EMG)/Nerve Conduction Velocity (NCV) in November 2014, lumbar medial branch block, lumbar radiofrequency ablations, physical therapy, chiropractic therapy, home exercise program, psychotherapy sessions and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience low back pain, which fluctuates in intensity and radiates to the right hip. Examination demonstrated tenderness to palpation of the paravertebral muscles with spasm and decreased range of motion. Tenderness to palpation with taut bands was noted at the myofascial trigger points with twitch response in the piriformis and paravertebral muscles. Current medications are listed as Duloxetine, Zorvolex, and Flector Patch. Treatment plan consists of piriformis trigger point injection, continue activity, home exercise program, and work with restrictions, increase Duloxetine and the current request for Baclofen, Cognitive Behavioral Therapy (CBT) times 12 visits and a Functional Capacity Evaluation (FCE).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for chronic low back and hip pain. When seen, she was having ongoing symptoms. Physical examination findings included lumbar paraspinal muscle tenderness and spasms with decreased range of motion and trigger points. She was noted to be progressively isolating herself. She had been referred for vocational rehabilitation and was planning to begin a job search for potential retraining. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation. Baclofen is not medically necessary.

**Cognitive behavioral therapy Qty: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive behavioral therapy (CBT).

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for chronic low back and hip pain. When seen, she was having ongoing symptoms. Physical examination findings included lumbar paraspinal muscle tenderness and spasms with decreased range of motion and trigger points. She was noted to be progressively isolating herself. She had been referred for vocational rehabilitation and was planning to begin a job search for potential retraining. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case, the number of initial treatments requested was in excess of that recommendation and cannot be considered medically necessary.

**Functional capacity evaluation Qty: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

**Decision rationale:** The claimant is more than three years status post work-related injury and continues to be treated for chronic low back and hip pain. When seen, she was having ongoing symptoms. Physical examination findings included lumbar paraspinal muscle tenderness and spasms with decreased range of motion and trigger points. She was noted to be progressively isolating herself. She had been referred for vocational rehabilitation and was planning to begin a job search for potential retraining. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, obtaining a Functional Capacity Evaluation to determine the claimant's work capacity for vocational planning is medically necessary.