

<b>Case Number:</b>	CM14-0183343		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/15/2005
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60-year-old male with a date of injury of 05/15/2005. The listed diagnosis is status post spinal fusion, date of surgery 02/19/2013, anterior-posterior spinal fusion L4 through S1. According to progress report 10/13/2014, the patient presents with ongoing complaints with regard to his low back. He is currently experiencing a flare-up for which he has been applying ice and alternating with heat. Physical examination of the lumbar spine revealed focal tenderness on left side at L5-S1. There is well-healed anterior abdominal scar measuring 4 inches and well-healed posterior midline scar measuring 5 inches. The patient underwent an x-ray which demonstrated good hardware position. The treater states that fusion appears to be consolidating at the L4-L5 and L5-S1 levels, and there is evidence of disk space narrowing at L2-L3. This is a request for 12 postop physical therapy sessions to address patient's flare up and cyclobenzaprine HCL 10 mg #60. Utilization review denied the request for Cyclobenzaprine and modified certification for PT on 10/30/14. There is one progress report from 10/13/14 and an appeal letter dated 10/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-operative physical therapy sessions:** Upheld

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

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

**Decision rationale:** This patient is status post lumbar fusion from 2/9/13 and presents with a flare-up. The request is for 12 post op physical therapy sessions. This patient is outside of the post-surgical physical therapy (PT) time frame. For physical medicine, the MTUS Guidelines pages 98 and 99 recommend for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. The patient underwent 18 sessions of post op physical therapy sessions. There are no physical therapy treatment reports provided in the medical file. The Utilization review states that the patient has not had PT since post-operative therapy over a year ago and modified the certification from the requested 12 to 8 sessions. In this case, given that the patient has not had any recent therapy and a short course of PT may be warranted to address patient's flare-up. However, the treater has requested 12 sessions, which exceeds what is recommended by MTUS. The request is not medically necessary.

**Cyclobenzaprine HCL 10mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** The request is for Cyclobenzaprine HCL 10mg, #60. The MTUS page 64 states that cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. There is only one progress report provided for review and it is unclear as to how long the patient has been utilizing this medication. This medication is not recommended to be used for longer than 2-3 weeks and given the treater is requesting #60; therefore, the request is not medically necessary.