

Case Number:	CM14-0079157		
Date Assigned:	07/18/2014	Date of Injury:	03/28/2012
Decision Date:	10/02/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 37 year old male with complaints of low back pain. The date of injury is 3/28/12 and the mechanism of injury is not elicited. At the time of request for the following: 1. Physical therapy x 12 2. soma 350mg#60 3. valium 5mg#30, there is subjective (low back pain) and objective (lumbar paraspinal tenderness R>L, tenderness over facet joints L4/5,L5/S1, Gaeslen test positive bilateral) findings, imaging findings (4/26/12 MRI lumbar spine done but no report submitted), diagnoses (lumbosacral spondylosis, lumbar disc degeneration, musculoneuralgia,sacroiliitis), and treatment to date (RF lumbar facet, medications, physical therapy). In regards to PT, recommendations are for maximum 9-10 sessions over 8 weeks for diagnosis of myalgia/myositis and 8-10 sessions over 4 weeks for diagnosis of radiculitis, neuritis, and neuralgia. Also, this should allow for fading treatment in regards to frequency of the sessions and direction for home therapy. Muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. Benzodiazepines are not recommended for long term use. Most guidelines limit use to 4 weeks. Indications include sedative/hypnotic, anxiolytic, anti-convulsing, and muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

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

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

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, recommendations are for maximum 9-10 sessions over 8 weeks for diagnosis of myalgia/myositis and 8-10 sessions over 4 weeks for diagnosis of radiculitis, neuritis, and neuralgia. Also, this should allow for fading treatment in regards to frequency of the sessions and direction for home therapy. The last documented progress note is dated 4/29/14 and there is no further updated notes. Unfortunately, as stated above, the request for physical therapy x 12 is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Carisoprodol(Soma)>

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG Evidence Based Decision Guidelines, muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. As the documentation does not support appropriate use of Soma as outlined by the requesting physician, it is my opinion that this medication is not medically necessary.

Valium 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)<Benzodiazepines-Diazepam>

Decision rationale: Per ODG Treatment Decisions, Benzodiazepines are not recommended for long term use. Most guidelines limit use to 4 weeks. Indications include sedative/hypnotic, anxiolytic, anti-convulsing, and muscle relaxant. As the documentation provides no limitations, this medication is not medically necessary.