

Case Number:	CM15-0014515		
Date Assigned:	02/02/2015	Date of Injury:	09/29/2014
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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 30-year-old female who reported an injury on 12/02/2010. The mechanism of injury involved cumulative trauma. The current diagnosis includes axial low back pain. The injured worker presented on 12/05/2014 for a complex orthopedic evaluation. The injured worker reported neck pain, bilateral shoulder pain, low back pain, and psych/stress related issues. Upon examination of the cervical spine, there was 5/5 motor strength, intact sensation, negative tenderness, and negative Spurling's maneuver. There was 30 degrees extension, 30 degrees right and left lateral bending, and 75 degrees rotation. Examination of the bilateral shoulders revealed 170 degrees abduction, 170 degrees forward flexion, and 60 degrees to 80 degrees internal and external rotation. Upon examination of the lumbar spine there was 60 degrees flexion with pain, 30 degrees extension, 15 degrees rotation, and 30 degrees lateral bending. Recommendations at that time included physical therapy twice per week for 6 weeks, prescriptions for diclofenac XR and omeprazole 20 mg, a pain management consultation, and a TENS trial. A Request for Authorization form was submitted on 12/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prazosin 2mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/prazosin.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, PTSD pharmacotherapy.

Decision rationale: The Official Disability Guidelines the addition of Prazosin to augment the management of nightmares and other symptoms of PTSD. In this case, the injured worker does not maintain a diagnosis of PTSD. The medical necessity for the requested medication has not been established. As such, the request is not medically appropriate.

Tizanidine 2mg # 90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical medicine treatment for unspecified myalgia and myositis includes 9 to 10 visit over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request does fall within guideline recommendations. However, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. The medical necessity has not been established in this case. As such, the request is not medically appropriate.

Physical therapy for lumbar spine 2 x 3 (6): Upheld

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

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

Decision rationale: California MTUS Guidelines state active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical medicine treatment for unspecified myalgia and myositis includes 9 to 10 visit over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request does fall within guideline recommendations. However, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. The

medical necessity has not been established in this case. As such, the request is not medically appropriate.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In this case, there was no documentation of any red flags for serious spinal pathology. There was no evidence of a significant functional deficit. Given the above, the request is not medically appropriate.

Cognitive behavioral therapy (psychotherapy); 1 x wk x 3 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. In this case, there was no documentation of a psychological evaluation. Therefore, the medical necessity for cognitive behavioral therapy has not been established. As such, the request is not medically appropriate at this time.