

<b>Case Number:</b>	CM15-0112557		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/30/2001
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 63-year-old male, who sustained an industrial injury on 07/30/2001. He has reported subsequent low back pain and was diagnosed with chronic myoligamentous sprain/strain and right lumbar facetitis. Treatment to date has included medication, H wave unit and TENS unit. In a progress note dated 05/07/2015, the injured worker complained of low back pain that occurred when going from a seated or laying position to a standing position and with sudden unexpected quick movements. Objective findings were notable for decreased range of motion of the lumbar spine, right hyperextension rotation and positive tenderness to palpation of the right erector spinae. A request for authorization of MRI of the lumbar spine to rule out new level vs. worsening lumbar spine disc injury and right facetitis and Soma was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Based on the 05/07/15 progress report provided by treating physician, the patient presents with low back pain. The request is for MRI OF THE LUMBAR SPINE. RFA with the request not provided. Patient's diagnosis on 05/07/15 includes low back pain, chronic myoligamentous sprain/strain, and right lumbar facetitis. Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation to right erector spinae and decreased range of motion, especially on extension 10 degrees. Treatment to date included lumbar spine X-ray, chiropractic, H-wave, TENS, and medications. Patients medications include Soma and Voltaren gel. The patient is permanent and stationary, per 04/03/15 report. Treatment reports were provided from 09/29/14 - 05/07/15. ACOEM Guidelines, chapter 8, page 177 and 178, state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. " ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRI's are indicated only if there has been progression of neurologic deficit. " ODG guidelines further states that Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per 05/07/15 report, treater states "Requesting authorization for a MRI of the L/S to R/O new level vs worsening L/S disc injury and right facetitis. " In this case, treater has not documented "Unequivocal objective findings that identify specific nerve compromise" on physical exams, as required by MTUS. The patient failed conservative treatment, but ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. There are no discussions of trauma to the spine nor evidence of red flags, to warrant an MRI study. This request does not meet guideline criteria.

Therefore, the request IS NOT medically necessary.

**Soma 350 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Based on the 05/07/15 progress report provided by treating physician, the patient presents with low back pain. The request is for SOMA 350 MG #30. RFA with the request not provided. Patient's diagnosis on 05/07/15 includes low back pain, chronic myoligamentous sprain/strain, and right lumbar facetitis. Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation to right erector spinae and decreased range of motion, especially on extension 10 degrees. Treatment to date included lumbar spine X-ray chiropractic, H-wave, TENS, and medications. Patients medications include Soma and Voltaren gel. The patient is permanent and stationary, per 04/03/15 report. Treatment reports were provided from 09/29/14 - 05/07/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed

antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. " Soma has been included in patient's medications, per progress reports dated 09/29/14, 04/03/15 and 05/07/15. MTUS recommends Soma, Carisoprodol only for a short period (no more than 2-3 weeks). The patient has been prescribed Soma at least since 09/29/14, which is more than 8 months from UR date of 05/19/15. The request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.