

Case Number:	CM15-0170972		
Date Assigned:	09/11/2015	Date of Injury:	11/04/2009
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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 61 year old male, who sustained an industrial injury on November 04, 2009. The injured worker was diagnosed as having post-concussion syndrome, cervical disc disease with myelopathy, lumbar disc disorder, lumbar radiculopathy, thoracic spine pain, low back pain, and long term use of other medications. Treatment and diagnostic studies to date has included medication regimen, chiropractic therapy, and home exercise program. In a progress note dated August 07, 2015 the treating physician reports complaints of moderate pain. Examination reveals extremely slow movements, facial grimacing, decreased range of motion to the cervical spine, hypertonicity, tenderness, tight muscle band, and trigger points to the bilateral paravertebral muscles, tenderness to the cervical five, cervical six, and cervical seven spinous processes, tenderness to the paracervical, rhomboids, and trapezius muscles, tenderness to the sternoclavicular joint, multiple myofascial trigger points, and muscle pain to the neck with Spurling's maneuver. The injured worker's current medication regimen included Flexeril, Voltaren, and Terocin Patch. The medical records provided indicated Flexeril has been a part of the injured worker's medication regimen since at least August 2014, Voltaren since at least since November 2014, and Terocin Patch since at least February 2015. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The chiropractic evaluation from June 30, 2015 noted the injured worker to have a pain level of 8 out of 10, but the documentation did not indicate the injured worker's pain level prior to the use of the injured worker's medication regimen and after the use of his medication regimen. The

medical records also included multiple chiropractic therapy progress notes with dates unknown with one note indicating the chiropractic therapy to be discontinued secondary to a lack of progression. On August 07, 2015 the treating physician requested myofascial therapy twice a week for eight weeks noting that the main reason of the injured worker's pain and spasms to the paracervical, trapezius, and rhomboid muscles was due to the myofascial component. The treating physician also requested the medication of Soma 250mg with a quantity of 30 noting that the injured worker requires a stronger medication at bedtime to assist with relaxing the muscles to the neck and upper back to allow the injured worker to sleep. On August 17, 2015, the Utilization Review determined the request for myofascial therapy twice weekly for eight weeks Soma 250 mg with a quantity of thirty to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy, twice weekly for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Physical Medicine.

Decision rationale: The patient was injured on 11/04/09 and presents with pain in his cervical spine, thoracic spine, and lumbar spine. The request is for MYOFASCIAL THERAPY, TWICE WEEKLY FOR EIGHT WEEKS for relief of this shortening and hypertonicity off the muscles in his upper back. The RFA is dated 08/07/15 and the patient can work with the following permanent restrictions: carrying not exceed 15 pounds and push/pull not to exceed 15 pounds. Review of the reports provided does not indicate if the patient had any prior myofascial therapy sessions. MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. MTUS Guidelines, Massage therapy section, page 60 states: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The patient has slow movements; facial grimacing; decreased range of motion to the cervical spine; hypertonicity, tenderness, tight muscle band, and trigger points to the bilateral paravertebral muscles; tenderness to C5-C7 spinous processes; tenderness to the paracervical, rhomboids, and trapezius muscles; tenderness to the sternoclavicular joint; multiple myofascial trigger points; muscle pain to the neck with Spurling's maneuver. He is diagnosed with post-concussion syndrome, cervical disc disease with myelopathy, lumbar disc disorder, lumbar radiculopathy, thoracic spine pain, low back pain, and long term use of other medications. Treatment and diagnostic studies to date has included medication regimen, chiropractic therapy, and home exercise program. In this case, a trial of myofascial therapy appears reasonable. However, the requested 16 sessions exceeds what is allowed by MTUS Guidelines. The requested therapy IS NOT medically necessary.

Soma 250 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient was injured on 11/04/09 and presents with pain in his cervical spine, thoracic spine, and lumbar spine. The request is for SOMA 250 MG, THIRTY COUNT for muscle spasm. The RFA is dated 08/07/15 and the patient can work with the following permanent restrictions: carrying not exceed 15 pounds and push/pull not to exceed 15 pounds. This is the patient's initial trial of Soma. Prior to this, he was taking Flexeril. MTUS Guidelines, Muscle Relaxants Section, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has slow movements; facial grimacing; decreased range of motion to the cervical spine; hypertonicity, tenderness, tight muscle band, and trigger points to the bilateral paravertebral muscles; tenderness to C5-C7 spinous processes; tenderness to the paracervical, rhomboids, and trapezius muscles; tenderness to the sternoclavicular joint; multiple myofascial trigger points; muscle pain to the neck with Spurling's maneuver. He is diagnosed with post-concussion syndrome, cervical disc disease with myelopathy, lumbar disc disorder, lumbar radiculopathy, thoracic spine pain, low back pain, and long term use of other medications. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the request is for 30 tablets, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.