

<b>Case Number:</b>	CM15-0176814		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Emergency Medicine

### 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 42 year old male, who sustained an industrial injury on 07-14-2012. He has reported injury to the low back. The injured worker has been treated for displacement of lumbar intervertebral disc without myelopathy; pain in thoracic spine; depressive disorder; anxiety disorder; pain disorder; and status post lumbar microdiscectomy, on 11-14-2013. Treatment to date has included medications, diagnostics, physical therapy, psychotherapy, and surgical intervention. Medications have included Naproxen, Buprenorphine, Tramadol, Trazodone, Cyclobenzaprine, Valium, and Motrin. A progress report from the treating physician, dated 06-08-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is still having low back pain, without sciatic pain; he complains of occasional back spasms which happen without any provocation; the Tramadol and Trazodone were not helpful for pain and sleep; physical therapy is most helpful and would like to try more sessions; he is on psychological treatment; he is status post microdescectomy surgery on 11-14-2014 and status post 12 sessions of physical therapy with little benefit; and he requested follow-up with the provider, status post surgery, because the condition is getting worse. Objective findings included a well-healing vertical surgical scar over lumbar spine without erythema or swelling; positive lumbar facet loading maneuver bilaterally; negative straight leg raise test bilaterally sitting and supine; motor strength is 5 out of 5 and symmetric throughout the bilateral lower extremities, except 4+ out of 5 on right ankle plantar-flexion and right great toe extension; and deep tendon reflexes are 2+ out of 4 in the bilateral upper extremities, but 1 out of 4 in the right ankle. The treatment plan has included the request for psychological-psychiatrist treatment and evaluation;

additional physical therapy 2 times a week for 5 weeks; aqua therapy 2 times a week for 5 weeks; Valium 5mg #30; and Cyclobenzaprine 7.5mg #60. The original utilization review, dated 08-13-2015, non-certified a request for psychological-psychiatrist treatment and evaluation; additional physical therapy 2 times a week for 5 weeks; aqua therapy 2 times a week for 5 weeks; Valium 5mg #30; and Cyclobenzaprine 7.5mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychological/psychiatrist treatment and evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Initial Assessment.

**Decision rationale:** The request is for a psychiatry referral. The ACOEM guidelines state the following: The initial assessment is a critical tool for detecting potential emotional problems that require the attention of a psychiatrist or other mental health professional to assure safe and optimal treatment. The initial screening should be focused more on recognizing indications for urgent mental health referral (red flags) than on specific psychiatric diagnosis (see Table 15-2). Red-flag indicators include impairment of mental functions, overwhelming symptoms, or signs of substance abuse. The practitioner performing the assessment is advised to keep a high index of suspicion for depression, which is a prevalent and under diagnosed condition. Absence of red-flag indicators rules out the need for urgent referral or inpatient care. In this case, there is sufficient documentation which would qualify for a psychiatric evaluation. As stated above, this is advised when red flags are seen such as a high index of suspicion for depression. At issue was the lack of clarity of the request with regards to either psychological or psychiatric referral. It appears that a psychiatric consultation was requested and performed. As such, the request is medically necessary.

**Additional physical therapy 2 times a week for 5 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): Manual therapy & manipulation.

**Decision rationale:** The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is

manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. The guidelines state the following: Low back: Recommended as an option. Therapeutic care - Trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. In this case, the patient would benefit most from at home active therapy. There is lack of documentation of pain relief or functional improvement seen. As such, the request is not medically necessary.

**Aqua therapy 2 times a week for 5 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): Aquatic therapy.

**Decision rationale:** The request is for aquatic therapy. The MTUS states the following regarding this topic: Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this case, there is insufficient documentation to justify this therapy. As stated above, aquatic treatment is indicated when reduced weight bearing is desirable, as it minimizes the effects of gravity. There is no explanation in the records as to why this would be of benefit as opposed to land-based therapy. As such, the request is not medically necessary.

**Valium 5mg #30:** 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): Benzodiazepines.

**Decision rationale:** The request is for the use of a medication in the category of benzodiazepines. It is usually indicated to treat anxiety disorders but has been used short-term as

a muscle relaxant. The MTUS guidelines state the following: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) In this case, a medication in this class would not be advised for continued use due to the duration of therapy. As such, the request is not medically necessary. All benzodiazepine medications should be titrated down slowly to prevent an acute withdrawal syndrome.

**Cyclobenzaprine 7.5mg #60:** 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): Muscle relaxants (for pain).

**Decision rationale:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of an acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.