

<b>Case Number:</b>	CM15-0077998		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 36 year old male, who sustained an industrial injury on February 1, 2007. The injured worker was diagnosed as having cervical discectomy with MRI evidence of a 2mm at C2-C3, 2-2.5mm at C3-C4 and C4-C5, 2mm C5-C6 with stenosis and hypertrophic changes, and right shoulder impingement syndrome. Treatment to date has included epidural steroid injection (ESI) and medication. Currently, the injured worker complains of pain at the right side of the neck that radiates into the right shoulder with intermittent inflammation, numbness, tingling, muscle spasms, and bruising of the right shoulder and lateral aspect of the right biceps. The Primary Treating Physician's report dated March 17, 2015, noted examination of the cervical spine elicited palpable tenderness, with associated myospasms in the right upper extremity, and restricted range of motion (ROM). Physical examination of the right shoulder revealed tenderness to palpation over the scapular musculature with associated spastic activity and limited range of motion (ROM). The treatment plan was noted to include request for authorization for a course of physical therapy, and prescription for Soma and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy Qty: 8.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 98-99.

**Decision rationale:** Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.

**Soma 350 mg Qty: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2007. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document goals with regards to improvement in pain, functional status or a discussion of side effects specifically related to soma to justify use. The medical necessity of soma is not substantiated.