

Case Number:	CM13-0062515		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2009
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 61-year-old female with date of injury of 12/22/2009. The listed diagnoses per [REDACTED] dated 09/17/2013 are: (1) Multilevel herniated nucleus pulposus, cervical spine, (2) Chronic right C5-C6 radiculopathy, (3) Moderately severe lumbar spinal stenosis, degenerative spondylolisthesis, (4) Probable neurogenic claudication, (5) S/P right shoulder with subacromial decompression x2, (6) Grade 1 chondromalacia, right glenoid, (7) Psychological diagnosis. According to progress report dated 09/17/2013 by [REDACTED], the patient presents with severe back pain radiating to her lower extremities. She has neck pain radiating to the upper extremities and shoulder pain. She indicates at this point, she does not feel she can return to work in any capacity. Objective findings of the lumbar spine show tenderness of the posterior cervical and bilateral trapezial musculature. The patient can forward flex to within fingerbreadth of chin to chest with extension to 20 degrees and lateral rotation to 70 degrees bilaterally. There is mildly positive sitting, straight leg raise bilaterally. The treater is requesting Flexeril 10 mg and a walk-in tub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg qd bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: This patient presents with chronic back pain and neck pain radiating to the lower and upper extremities. The treater is requesting Flexeril for muscle spasms. Utilization review dated 11/07/2013 denied the request stating that there is no documentation of acute exacerbation in the presence of muscle spasm and that muscle relaxants are a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The patient is currently taking Vicodin, Motrin, and Ultram. MTUS Guidelines page 64 recommends muscle relaxants for short-term use. Review of medical records from 02/26/2013 to 09/17/2013 show that the patient has been prescribed Flexeril since 09/17/2013. MTUS does not recommend Flexeril for long-term use; therefore, recommendation is for denial.

Walk in Tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, http://www.aetma.com/cpb/medical/data/400_499/0429.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME), Knee Chapter online for Durable Medical Equipment (DME).

Decision rationale: This patient presents with chronic back and neck pain radiating to her lower extremities and upper extremities. The treater is requesting reimbursement for a recently purchased walk-in tub. Utilization review dated 11/07/2013 denied the request stating that there is no documentation identifying why simple devices such as a bench and wall-mounted grab bars would be insufficient to enable the patient to safely enter, use, and exit a standard bath tub. MTUS and ACOEM are silent with regards to this request. ODG Guidelines under durable medical equipment recommends: 1. DMEs given that it can withstand repeated use. 2. Primarily and customarily used to serve a medical purpose. 3. Generally, it is not useful to a person in the absence of illness or injury. 4. Appropriate for use in the patient's home. Progress report dated 09/17/2013 documents that the patient recently purchased a walk-in tub for her home as she is unable to get in and out of the tub safely due to her back injury. In this case, although the patient does have difficulty getting in and out of a tub safely, it is not considered a medical treatment given that it does not serve, primarily, a medical purpose. There is no reason a simple shower chair and grab bars shouldn't suffice to accommodate the patient's shower needs. Recommendation is for denial.