

Case Number:	CM13-0005767		
Date Assigned:	12/11/2013	Date of Injury:	08/23/2012
Decision Date:	06/25/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/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:

This patient is a 51 year-old with a date of injury of 08/23/12. Reports associated with the request for services, dated 07/05/13, consisted of a compilation of documents including a PR-2 and did not list subjective complaints. No functional changes were noted. A 07/15/13 visit noted musculoskeletal pain and occasional headaches. Objective findings included tenderness and spasm of the cervical spine. Neurologic findings were not listed. Diagnoses are difficult to read and included cervical pain with radiculopathy and low back pain. Treatment has included unspecified medications. An independent examination on 05/23/13 identified neck, tailbone, right hip and coccyx pain. Physical examination focused on the lumbar spine where tenderness and decreased range-of-motion was elicited. Diagnoses included resolved head trauma and lumbar strain. It states the patient has had no "adult illnesses". Treatment identified included muscle relaxants, NSAIDs, and an antidepressant. A Utilization Review determination was rendered on 07/22/13 recommending non-certification of "chiropractic treatment for cervical spine including initial & follow up exams and treatment, qty: 12.00; chiropractic may include quantitative functional capacity evaluations, outcome assessments, VsNCTs, qty: 1.00; internal medicine consult; and Transdermal Cyclobenzaprine 180gm".

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR CERVICAL SPINE INCLUDING INITIAL & FOLLOW UP EXAMS AND TREATMENT, QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION, 58-59

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Manipulation.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. They do not address chiropractic therapy of the neck specifically. The Official Disability Guidelines (ODG) notes that manipulation is recommended as an option for the neck. For regional neck pain, 9 visits over 8 weeks are recommended. For cervical strain, a trial of 6-10 visits over 2-4 weeks depending on the severity. For cervical radiculopathy, they recommend a trial of 6 visits over 2-3 weeks. With evidence of functional improvement, a total of 18 visit over 6-8 weeks with fading of therapy. In this case, the request for twelve visits exceeds the initial guidelines. The record does not document the medical necessity for 12 chiropractic visits. Therefore the request is not medically necessary.

CHIROPRACTIC MAY INCLUDE QUANTITATIVE FUNCTIONAL CAPACITY EVALUATIONS, OUTCOME ASSESSMENTS, VSNCTS, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES , 7,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Work Conditioning, Work Hardening, Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The ACOEM Practice Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The following guidelines are for performing an FCE are listed: (1) Case management is hampered by complex issues such as: - Prior unsuccessful return to work attempts. - Conflicting medical reporting on precautions and/or fitness for modified job - Injuries

that require detailed exploration of a worker's abilities. (2) Timing is appropriate: - Close or at maximum medical improvement / all key medical reports secured. - Additional / secondary conditions clarified. (3) Do not proceed with an FCE if: - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. The record indicated that functional capacity has not changed. Likewise, the above criteria have not been met. The claimant has not reached maximum medical improvement. There have been no prior unsuccessful return- to-work attempts. There is no documentation of the need for a work-hardening program or a job description. There is no documented medical necessity for chiropractic to include a quantitative functional capacity evaluation. Therefore the request is not medically necessary.

INTERNAL MEDICINE CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 7,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Office Visits.

Decision rationale: The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The non-certification for consultation was based upon lack of a specific documented reason for an internal medicine visit. As noted above, a visit should be based upon need for evaluation of adverse effects, pain status, and medication use. In this case, the record does not document the medical necessity for consultation based upon those criteria. Therefore the request is not medically necessary.

TRANSDERMAL CYCLOBENZAPRINE 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Cyclobenzaprine cream is a muscle relaxant being used as a topical analgesic. The MTUS Guidelines specifically state that there is no evidence for Baclofen or any other muscle relaxant as a topical product. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no documented medical necessity for Cyclobenzaprine as a topical formulation for this patient. Therefore the request is not medically necessary.