

Case Number:	CM13-0018721		
Date Assigned:	11/06/2013	Date of Injury:	03/11/2005
Decision Date:	01/02/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/30/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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.

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 patient is a 61-year-old female who reported an injury on 3/11/2005 with an unprovided mechanism of injury. The patient was having an exacerbation of back pain. Objectively, the patient had lumbar paraspinal muscle tenderness, muscle spasms and guarding. The diagnoses were stated to include status post lumbar fusion, spondylolisthesis, and lumbar disc displacement. The request was made for Flexeril 10mg #90 and chiropractic treatment 2 times a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment twice a week for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: California MTUS Guidelines recommend manual therapy for chronic pain caused by musculoskeletal conditions and for recurrences in flare ups there is a need to reevaluate treatment if return to work is achieved 1 to 2 visits every 4 to 6 months. The Final Determination Letter for IMR Case Number CM13-0018721 3 clinical documentation submitted for review dated 7/24/2013 revealed the employee had complaints of increased back pain and leg pain. The employee was noted to have an acute exacerbation of back pain. The employee was

noted to have increased pain radiating into the legs. The physical examination revealed the employee had lumbar paraspinal muscle tenderness, muscle spasm and guarding. The employee's range of motion was noted to be restricted. The clinical documentation submitted for review while indicating the employee had a flare up failed to provide the necessity for twice a week for 5 weeks. It failed to provide documentation of the employee's functional response to previous chiropractic treatments. It lacked exceptional factors to warrant nonadherence to guideline recommendations. The request for chiropractic treatment is not medically necessary and appropriate.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: California MTUS Guidelines recommend Flexeril for a short course of therapy for back pain. The clinical documentation submitted for review dated 07/24/2013 revealed the patient had complaints of increased back pain and leg pain. The patient was noted to have an acute exacerbation of back pain. The patient was noted to have increased pain radiating into the legs. The patient was noted to continue to take medications and the medications were noted to help the patient perform activities of daily living and perform modified duties at work. The physical examination revealed the patient had lumbar paraspinal muscle tenderness, muscle spasm and guarding. The patient was noted to be injected with Toradol. The clinical documentation submitted for review failed to provide the duration of care had been a short duration as per California MTUS recommendations and it failed to provide the efficacy of the medication as well as exceptional factors to warrant nonadherence to guideline recommendations for a short course of therapy. The clinical documentation indicated the patient had been taking the medication since 2012. The request for Flexeril is not medically necessary and appropriate.