

<b>Case Number:</b>	CM13-0023366		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 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:

The patient has submitted a claim for neck sprain associated with an industrial injury date of November 9, 2011. The utilization review from August 14, 2013 denied the request for Skelaxin due to no amount given, transcutaneous electrical nerve stimulation (TENS) unit due to the patient responding to other treatment, physical or chiropractic treatment due to no specific functional improvement from previous sessions, MRI (magnetic resonance imaging) of the cervical spine due to no red flag signs, MRI of the thoracic spine due to no red flag signs, and massage therapy due to no documentation of functional improvements from prior sessions. The treatment to date has included 6 sessions of physical therapy (no documented functional improvement), massage therapy x 4 (no documented functional improvement), and pain medications. The medical records from 2013 were reviewed showing the patient complaining of increased neck pain and spasms. Physical therapy was noted to be helpful but no other specifics pertaining to functional improvement. Physical exam demonstrated tightness and spasms over the cervical spine. There was also decreased range of motion of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF SKELAXIN 800MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants (for pain) and Metalaxone (skelaxin)..

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

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are used as a second line option for short course treatment of muscle spasticity and spasms. In this case, the patient was noted to have muscle spasms of the cervical spine. However, the documentation did not clearly indicate the length of time the patient has been using Skelaxin. Multiple progress notes indicate that the patient has been prescribed Skelaxin consistently over months; long-term use is not recommended. Response to Skelaxin was not assessed. The request does not indicate frequency and duration. Therefore, the request for Skelaxin is not medically necessary.

**PHYSICAL OR CHIROPRACTIC THERAPY, EIGHTEEN (18) VISITS (THREE (3) TIMES A WEEK FOR SIX (6) WEEKS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60, 98-99.

**Decision rationale:** As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain is caused by musculoskeletal conditions. As stated in the California MTUS guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient complains of chronic neck pain. The patient has had previous sessions of physical therapy. However, there was no documentation concerning specific functional improvements such as improved activities of daily living. The request is also nonspecific for physical therapy or chiropractic therapy. There is also no indicated body part to be treated. Therefore, the request for physical or chiropractic therapy, three (3) times a week for six (6) weeks is not medically necessary.

**TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous electrical nerve stimulation (TENS), chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation (TENS) units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, the patient complains of chronic neck pain. However, the request for a

TENS unit does not indicate a trial duration nor is there documentation provided as to a specific treatment plan with short and long term goals for the TENS unit. Therefore, the request for a TENS unit is not medically necessary.

**MRI OF CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** As stated in the California MTUS/ACOEM guidelines, imaging of the cervical spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complains of chronic neck pain. However, physical exam did not demonstrate consistent progressive neurological deficits. Therefore, the request for MRI (magnetic resonance imaging) of the cervical spine is not medically necessary.

**MRI OF THE THORACIC SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** As stated in the California MTUS/ACOEM guidelines, imaging of the cervical spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complains of cervical spine pain. The documentation did not mention any significant symptoms concerning the thoracic spine. Physical exam did not demonstrate any red flag signs for the thoracic spine. Therefore, the request for MRI (magnetic resonance imaging) of the thoracic spine is not medically necessary.

**MASSAGE THERAPY (UNSPECIFIED FREQUENCY AND DURATION): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Massage Therapy Page(s): 60.

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

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option and as an adjunct to other recommended treatment such as exercise, and should be limited to no more than 4-6 visits. In

this case, the patient had previous massage therapy visits but there were no documented specific functional improvements from these visits such as improved activities of daily living. The request also does not specify a frequency and duration. Therefore, the request for massage therapy is not medically necessary.