

<b>Case Number:</b>	CM13-0033413		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 is a 39 year old male who was injured on 09/17/2010. The mechanism of injury is unknown. Prior treatment history was not provided in the medical records submitted for review in regards to previous physical therapy or chiropractic treatment. A progress note dated 08/26/2013 documented the patient with complaints of back pain on and off. There is pain and spasm increased with activities. Objective findings: Examination reveals 60% range of motion. There is a positive straight leg raise. There is good heel-toe walk. There is tenderness over L5-S1. There is paraspinal muscular spasm. The diagnosis is thoracic and lumbar spine myofascial syndrome with left sciatica. The treatment plan is that the patient is recommended Skelaxin 800 mg, Tylenol, Aleve, physical therapy or chiropractic for 18 sessions, MRI of thoracic and lumbar spine, MRI bilateral hips and pelvis. Utilization report dated 09/30/2013 the following requests are submitted for authorization: 1) Skelaxin 800 mg #90 2) 18 Sessions of physical therapy or chiropractic sessions. 3) MRI of thoracic spine 4) MRI of the lumbar spine 5) MRI of pelvis 6) MRI of bilateral pelvis. Regarding the request for Skelaxin, there are muscle spasms documented on the physical exam; however there is no documentation of functional improvement from any previous use in this patient. Therefore, the request is not certified. Regarding the physical therapy and chiropractic sessions, chronic pain treatment guidelines recommend a trial of chiropractic therapy for specifically identified musculoskeletal conditions. Based on the current available information the medical necessity for a current trial of physical therapy and chiropractic care has been established and the request is partially certified for six sessions. Regarding the MRI of thoracic and lumbar spine, due to the illegibility of the reports there is no sufficient documentation of positive neurologic exam findings consistent with nerve compromise such as deficit and dermatomal sensation, reflexes or strength. Therefore, the requests are non-certified. Regarding the request of MRI of the pelvis and bilateral hips, the ODG Guidelines only

recommend these imaging studies when there are indications of osseous or soft tissue abnormalities present, none of which are documented in this patient. Therefore, the requests are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SKELAXIN 800MG QTY:90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone & Muscle relaxants Page(s): 61 & 63.

**Decision rationale:** According to California MTUS guidelines, Skelaxine (Metaxalone) as a non-sedating muscle relaxant is recommended with caution as a second-line option for treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The available medical records indicate that the patient has been prescribed Skelaxine since at least 2012 as addressed by the PR2 dated 11/12/12. There is no documentation of improvement in the patient's condition secondary to the use of this medication. Therefore, the medical necessity of Skelaxine 800mg #90 has not been established.

**PHYSICAL THERAPY/CHIROPRACTIC SESSION QTY:18.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

**Decision rationale:** As per California MTUS guidelines, Manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines state; it is recommended as an option for the low back pain as a trial of 6 visits over 2 weeks, and only with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Accordingly, the requested 18 sessions of chiropractic therapy is not medically necessary.

**MRI OF THORACIC SPINE QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** As per California MTUS/ACOEM guidelines, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." As per ODG guidelines, thoracic Magnetic resonance imaging (MRI) is indicated for patients with thoracic spine trauma accompanied with associated neurological deficit. The available medical records do not document a thoracic examination that reveals any neurological deficit indicating thoracic spine insult. Therefore, the medical necessity of the MRI of Thoracic spine has not been established according to the guidelines.

**MRI OF LUMBAR SPINE QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** As per California MTUS/ACOEM guidelines, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." As per ODG guidelines, MRI (magnetic resonance imaging) is a test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. The available medical records do not document detailed examination of the lumbar spine and lower extremities to indicate the presence and/or the progression of neurological deficit. Accordingly, the medical necessity of the MRI of Lumbar spine has not been established.

**MRI OF PELVIS QTY:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hips & Pelvis, MRIs (magnetic resonance imaging).

**Decision rationale:** California MTUS/ACOEM guidelines do not specifically discuss the issue. According to the ODG guidelines, MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. The guidelines state the followings as indications for MRI for hips and pelvic field; "Osseous, articular or soft-tissue abnormalities;

Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors". The medical records do not address any of the above mentioned conditions to indicate the necessity of the requested MRI. Therefore, MRI of the pelvis is not medically necessary according to the guidelines.

**MRI OF BILATERAL HIPS QTY:2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hips & Pelvis, MRIs (magnetic resonance imaging).

**Decision rationale:** California MTUS/ACOEM guidelines do not specifically discuss the issue. According to the ODG guidelines, MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. The guidelines state the followings as indications for MRI for hips and pelvic field; "Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors". The medical records do not address any of the above mentioned conditions to indicate the necessity of the requested MRI. Therefore, MRIs of bilateral hips #2 are not medically necessary according to the guidelines.