

Case Number:	CM13-0047243		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2013
Decision Date:	02/27/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 30-year-old male presenting with low back pain following a work-related injury on May 16, 2013. The claimant describes the pain as spasm, constant, sharp pain aggravated by bending at the waist and not relieved by anything. The physical exam was significant for left lateral shift of the lumbosacral spine, 2+ tenderness to palpation at the right L4-S2 with moderate spasm and pain with range of motion exercises. The claimant was diagnosed with spasms in the right low back, and pain in right low back, lumbosacral sprain/strain right, and type 2 diabetes. The claimant has tried physical therapy. The claimant's medications include Naprosyn, Fexmid, Vicoprofen, and a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for eight chiropractic manipulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per the California MTUS, chiropractic is considered manual therapy. This therapy is recommended for chronic pain 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. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. Therapeutic care requires a trial of six visits over two weeks; with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flareups, treatment success would need to be reevaluated; if return to work has been achieved, then 1-2 visits every 4-6 months may be certified. A request for eight visits does not meet California MTUS guidelines. The claimant failed to obtain sustained benefit from physical therapy; therefore, the request is not medically necessary.

The request for 60 Fexmid 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Cyclobenzaprine (Fexmid) is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. The effect of this medication is greatest in the first four days of treatment, suggesting that shorter courses may be better. As per the MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore not medically necessary.