

Case Number:	CM13-0063010		
Date Assigned:	06/09/2014	Date of Injury:	07/09/2011
Decision Date:	07/14/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 33 year old male who was injured on 7/09/11 after an automobile accident. He later developed neck, low back, and left elbow pain. He was diagnosed with cervical neck strain and low back strain. He initially treated with conservative care and was recommended chiropractic treatment, but due to no approval with this modality proceeded to get physical therapy for several months. He eventually had 12 sessions of chiropractor manipulation, and he took NSAIDs as needed. He later returned to work with light duty. The elbow pain resolved, but the neck and low back pain became chronic in nature, however not significant enough to warrant continued therapy or daily medication use. On 11/20/13, the worker was seen by his primary treating physician complaining of neck and lumbar pain and reported having had a good response from chiropractor treatments in the past. Physical examination revealed tenderness, spasm, and decreased range of motion of the neck and lumbar areas. He was ordered to see a chiropractor for 8 visits, Flexeril, and Naprelan for as needed use for his muscle pain and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) 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 Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for low back pain, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. The MTUS Chronic Pain Medical Treatment Guidelines for Manual therapy & manipulation also suggest that for recurrences or flare-ups of low back pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. In the case of this worker, he was reportedly getting benefit from prior chiropractor visits, but no evidence of this from functional and pain assessments following these visits were found in the documents provided. Also, assuming he did find benefit from these visits, he would fit more into the category of 1-2 visits every 4-6 months and not 8 visits in a row as was requested. Therefore, the request for 8 chiropractor sessions is not medically necessary. Clear documentation of functional and pain improvements is required following any chiropractor treatments to justify continuation.

PRESCRIPTION OF NAPRELAN 375MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for low back pain, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. The MTUS Chronic Pain Medical Treatment Guidelines for Manual therapy & manipulation also suggest that for recurrences or flare-ups of low back pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. In the case of this worker, he was reportedly getting benefit from prior chiropractor visits, but no evidence of this from functional and pain assessments following these visits were found in the documents provided. Also, assuming he did find benefit from these visits, he would fit more into the category of 1-2 visits every 4-6 months and not 8 visits in a row as was requested. Therefore, the request for 8 chiropractor sessions is not medically necessary. Clear documentation of functional and pain improvements is required following any chiropractor treatments to justify continuation.

PRESCRIPTION OF FLEXERIL 5MG, #30: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, it was unclear if he was experiencing an acute exacerbation of his pain or if it was his baseline level of pain as this was not documented in the notes provided for review. Without any evidence for need, the Flexeril is not medically necessary.