MAXIMUS Federal Services

Case Number:	CM14-0019551		
Date Assigned:	04/23/2014	Date of Injury:	05/27/2005
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/17/2014

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 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 filed a claim for lumbar sprain and right knee sprain associated with an industrial injury of May 27, 2005. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, Ambien, physical therapy, and chiropractic therapy. Patient is status post lumbar fusion in 2008, with stable changes on x-rays from January 2014; and status post right knee arthroscopy in 2007. Current medications include Ambien, Flexeril, Tylenol #4, and Celebrex. Review of progress notes reports that patient has been attending physical therapy and chiropractic therapy, with back pain improving. There is restricted lumbar range of motion with guarding and spasms. Findings also include positive straight leg raise on the right and decreased sensation in the right S1 distribution. Gait is antalgic. Patient also complains of unchanged pain in the legs, and difficulty sleeping at night. Utilization review dated February 10, 2014 indicates that the claims administrator modified certification for chiropractic manipulation to the lumbar spine to 3 sessions to allow for demonstration of functional improvement or decrease in pain; for physical therapy to the lumbar spine to 2 sessions to allow for functional improvement, decrease in pain, re-education in a self-administered program, and assessment of compliance; for Tylenol No. 4 to #45 as there is no documentation regarding increased function or decreased pain and thus a weaning process has been suggested; and for Flexeril to #15 as it is not recommended for long term use and a weaning process has been initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION 2X3 WEEKS, LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: As stated on pages 298-299 of the MTUS ACOEM Low Back Guidelines and page 58 of Chronic Pain Medical Treatment Guidelines referenced by CA MTUS, with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. In this case, there is no documentation regarding the quantity, duration, and frequency of chiropractic therapy as well as the functional improvements derived from this to warrant additional sessions. Therefore, the request for chiropractic manipulation 2 times per week for 3 weeks was not medically necessary per the guideline recommendations of MTUS.

PHYSICAL THERAPY 2X3 WEEKS, LUMBAR SPINE: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: Pain, Suffering, and the Restoration of Function, page 114 and Official Disability Guidelines (ODG) Low Back chapter, Physical therapy (PT).

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines and page 114 of the MTUS ACOEM Guidelines referenced by CA MTUS stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG recommends 10 sessions for lumbar sprains and strains. There is documentation of six physical therapy sessions to the low back in February to March of 2014 with documented decrease in level of pain in the low back. The requested quantity of physical therapy sessions will exceed guideline recommendations of a total of 10 sessions. Therefore, the request for physical therapy 2 times per week for 3 weeks to the lumbar spine was not medically necessary per the guideline recommendations of MTUS and ODG.

PRESCRIPTION FOR TYLENOL NO.4 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Opioid Treatment Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since August 2013. There is no documentation regarding objective functional benefits derived from this medication, as well as periodic urine drug screens to monitor its use. Therefore, the request for Tylenol No. 4 was not medically necessary per the guideline recommendations of MTUS.

PRESCRIPTION FOR FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants Page(s): 63.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). They also show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since August 2013. There is no documentation regarding functional benefits derived from this medication, only note that low back pain improves. In addition, this patient is already on NSAIDs, and long-term therapy with this medication is not recommended. Therefore, the request for Flexeril was not medically necessary per the guideline recommendations of MTUS.

CELEBREX #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. This patient has been on this medication since at least August 2013, taking 200mg twice a day. The patient reports that the medication regimen is helpful in reducing pain symptoms, but there is no documentation regarding objective functional improvement with this medication. Also, progress notes since February 2014 do not indicate that the patient is still being prescribed Celebrex. The requested dosage is not specified. Therefore, the requested Celebrex #60 is not medically necessary or appropriate.