

Case Number:	CM14-0145882		
Date Assigned:	09/12/2014	Date of Injury:	02/05/2013
Decision Date:	11/03/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 34 year old male with a date of injury on 2/5/2013. The injured worker sustained musculoskeletal injuries to the neck, back and shoulder. He was treated with physical therapy in both 2013 and 2014. Notes from 6/14 indicate continued physical therapy sessions and participation in a work hardening program. On 8/6/14, the injured worker noted benefit in his back with physical therapy and performance of a home exercise program. However, he had some residual back pain and a recommendation was made for a course of chiropractic care. An exam noted diffuse tenderness at the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 X 4 TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANIPULATION Page(s): 58.

Decision rationale: The injured worker is more than 18 months post injury. Data suggests the presence of a lumbar strain/sprain injury. The injured worker has had what appears to be at least 28 physical therapy sessions and he is engaged in a home exercise program. I see no indication

for a course of passive manipulation therapy for an old strain/sprain injury. Therefore, the request is not medically necessary.

FLEXERIL 10MG #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 68.

Decision rationale: The request for Flexeril is not supported. There is no data indicating that the injured worker has any significant muscle spasms or other muscle pathology for which a muscle relaxant medication would be appropriate. There is no data that indicates that via the use of Flexeril, the injured worker is having any reduction in pain or improvement in function. Flexeril is intended for short term use at the acute phase of an injury. This is not the case at this time. Given the available data, the request is not medically necessary.

VICODIN 5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-78.

Decision rationale: There is little data indicating that the injured worker is deriving benefit from the use of Vicodin. There is no reduction in pain levels or visual analog scale scores. There is no improvement in activities or function. There is no information about an opiate contract or random urine drug testing. There is no information about attempts to reduce opiate use. Based on the clinical data provided and clinical guidelines, the request for Vicodin is not medically necessary.