

<b>Case Number:</b>	CM14-0169643		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	03/03/2004
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 63 year-old male who was injured on 3/3/04 by an undescribed mechanism. The chart has limited progress notes and information. He suffered from lower back pain. He also suffered from a fall in 8/2014. He had neck pain, headache, with numbness and tingling in his arms. He had decreased vibratory sense of left arm. The patient was diagnosed with acute and chronic flare-up of muscle spasm, cervical spondylosis, and cervicogenic headache, chronic pain syndrome, and depression. Medications included oxycodone. He was prescribed Skelaxin, physical therapy, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

**Decision rationale:** The request is not medically necessary. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall

improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Relaxants should be used for exacerbations but not for chronic use. In this limited chart the patient does not have documented complaints or exam findings describing muscle spasms, tension, trigger points, etc. There is no documentation of other medications used besides opioids. It is unknown if the patient had a trial of NSAIDs. Therefore, the request is considered not medically necessary.

**Acupuncture twice weekly for three weeks, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As per the MTUS guidelines, acupuncture is used when pain medication is reduced or not tolerated, and "it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." There is no documentation in the chart that the patient was unable to tolerate or reduce his pain medications for his cervical pain. There wasn't documentation of other medications used besides opioids. There was no documentation that the acupuncture was to be used in conjunction with a rehab program or that the patient required surgery. Therefore, the request is considered medically unnecessary.

**Physical Therapy twice weekly for two weeks, cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Physical therapy

**Decision rationale:** The patient should have a trial of six visits to see if there was improvement in symptoms and exam findings. However, there was no documentation of the previous physical therapy sessions completed and the patient's response. The patient had cervical pain with headache. There is also not enough documentation on symptoms and exam findings to show a cervical dysfunction that would require physical therapy. There was no imaging done. The request for therapy for the cervical spine is not supported by documentation and is considered not medically unnecessary.