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| Case Number: | CM14-0029184 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 02/01/2013 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 02/27/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on February 1, 2013. The most recent progress note, dated January 30, 2014, indicates that there are ongoing complaints of low back pain, left hip pain, and right knee pain. The physical examination demonstrated tenderness over the lower lumbar spine with full range of motion. Diagnostic imaging studies objectified severe arthritis of the hip. Previous treatment includes Synvisc injections physical therapy, acupuncture, chiropractic care, use of a TENS unit, and oral medications. A request had been made for Metaxoione 800mg, a Synvisc One injection for the right knee, six sessions of acupuncture, and six sessions of chiropractic care and was not medically necessary in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxoione 800mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter and (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2006) (Schnitzer, 2004) A Comprehensive Review of Clinical Trials on the Efficiency and Safety of Drugs for the Treatment of Low Back Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127..

Decision rationale: Skelaxin is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. Additionally, a prescription of 30 tablets with two refills does not indicate short-term episodic usage. For these reasons this request for Skelaxin is not medically necessary.

Synvisc one injection 6mg to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Hyaluronic acid or Hylan, knee chapter and Efficiency of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis, (Evanich, J. David, et. aj., Clinical Orthopedics and Related Research. (390): 173-181, September, 2001)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Electronically Cited.

Decision rationale: A review of the attached medical record indicates that the previous Synvisc injection provided for the injured employee did not provide significant long-term pain relief. As such, this request for a Synvisc One injection for the right knee is not medically necessary.

Additional acupuncture x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: The California MTUS Guidelines support the use of acupuncture as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines allow for 1-3 visits per week for 1-2 months; and may be extended if functional improvement is documented. The injured employee has already participated in 14 sessions of acupuncture without demonstration of functional improvement. Considering this, an additional six sessions of acupuncture is not medically necessary.

Additional chiropractic x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127..

Decision rationale: The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, the injured employee stated to have participated in 14 visits with another 4 scheduled. There has been no documented efficacy from the sessions. Considering this, the request for an additional six visits of chiropractic care is not medically necessary.