

Case Number:	CM14-0046123		
Date Assigned:	07/02/2014	Date of Injury:	12/10/2013
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Interventional Spine 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 is a 61-year-old female with a date of injury of 12/10/2013. The listed diagnoses per [REDACTED] include Cervicotrachezial musculoligamentous sprain/strain; Lumbar musculoligamentous sprain/strain; Bilateral shoulder strain/tendinitis; Right wrist sprain and Right ankle/foot contusion. According to this report, the patient complains of low back pain which she rates a 7/10 to 8/10, which is constant, dull and achy. She also complains of neck pain which is constantly stiff and achy which she rates 6/10 to 7/10. The patient also complains of right periscapular pain, right hand pain, head pain, left shoulder pain, and right ankle/middle toe pain. The physical exam shows there is tenderness to palpation present over the paraspinal and trapezial musculature bilaterally with muscle spasms present. There is a slight increase in the normal lordotic curvature. There is tenderness over the left sacroiliac joint. Straight leg raising test elicits localized pain. The impingement test and cross arm test elicit posterior pain bilaterally. Sensation to pinprick and light touch in the bilateral upper and lower extremities is decreased along the left L4 and L5 dermatome. Motor testing of the major muscle groups of the bilateral upper and lower extremities reveals no weakness. The utilization review denied the request on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines Chiropractic Guidelines: Therapeutic care, Low back Lumbar and thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

Decision rationale: The MTUS Guidelines recommend this treatment for chronic pain if cause by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, and up to 18 visits over 6 to 8 weeks is recommended. The records do not show any recent or prior chiropractic treatments to verify how many treatments the patient has received and with what results. In this case, the requested 12 sessions exceed MTUS Guideline recommendations. As such, the request is not medically necessary.

60 Cyclobenzaprine 10mg: 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 Page(s): 64.

Decision rationale: The MTUS Guidelines recommend Cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The records show that the patient has been on Cyclobenzaprine since 01/27/2014. In this case, MTUS Guidelines do not recommend the long term use of this medication. As such, the request is not medically necessary.