

Case Number:	CM14-0058843		
Date Assigned:	07/09/2014	Date of Injury:	02/04/2003
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 68-year-old male who reported an injury on 02/04/2003. The mechanism of injury was not provided. On 01/17/2014, the injured worker was noted with continuous neck pain and mid low back pain. Medications include Ultram. Upon examination of the cervical spine, there was tenderness throughout the cervical spine upon palpation and a 5/5 motor strength and a CT scan dated 08/24/2012 noted foraminal stenosis from C3-C4 on the left, C4-C5 and C5-C6 and C6-C7 bilaterally mainly due to posterior endplate ridging and uncovertebral osteophyte formation in part and associated with mild diffuse annular bulges extended laterally. The diagnoses were C3-C7 disc degeneration, L3-L4 disc degeneration, lumbar spondylosis, cervical spondylosis and anxiety disorder. The provider recommended Xanax for anxiety and stress and chiropractic manipulation for the cervical spine. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation for Cervical Spine, 8 Treatments.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 58 Page(s): 58.

Decision rationale: The request for chiropractic manipulation for cervical spine 8 treatments is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective medical gains and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to projective activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of functional improvement, a total of up to 18 visits over 6 to 8 weeks. The provider's request for 8 chiropractic treatments exceeds the guideline recommendations. Additionally, an adequate examination of the injured worker was not provided detailing current deficits to warrant chiropractic treatment. The provider's request for chiropractic treatment does not indicate the frequency of the visits in the request as submitted. As such, the request is not medically necessary.

Xanax 0.5MG, 90 Count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 24 Page(s): 24.

Decision rationale: The request for Xanax 0.5 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is improvement and there is a risk for dependence. The provider's request for Xanax 0.5 mg with a quantity of 90 exceeds the guideline recommendations for short-term treatment. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.