

Case Number:	CM14-0076874		
Date Assigned:	07/18/2014	Date of Injury:	03/18/2014
Decision Date:	10/01/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation 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 injured worker is a 45-year-old female who reported an injury after having been assaulted on 03/18/2014. On 05/01/2014, her diagnoses included cervical/trapezial musculoligamentous sprain/strain and bilateral shoulder pericapsular sprain/strain, greater on the left than on the right. The complaints included neck pain radiating to the bilateral upper extremities, bilateral shoulder pain, rapid heartbeat, hypertension, stress, anxiety, and stomach upset. Her treatment plan included chiropractic manipulative therapy to the cervical spine and bilateral shoulders to decrease pain and increase range of motion, interferential unit to decrease muscle spasms, psychiatric and internal medicine consultations due to her orthopedic complaints, and Flexeril to decrease muscle spasms. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy 3 times weekly for 4 weeks, cervical spine & both shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. Treatment parameters include frequency of 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. The maximum duration of treatment is 8 weeks. This request for chiropractic treatment 3 times a week for 4 weeks exceeds the recommendations in the guidelines. Therefore, this request for chiropractic manipulative therapy 3 times weekly for 4 weeks, cervical spine and both shoulders is not medically necessary.

interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Page(s): 118-119.

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments, including return to work, exercise, and medications. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain, and postoperative knee pain. There are no standardized protocols for the use of interferential therapy. The therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and the electrode placement technique. The body part or parts to which this interferential unit was to have been applied was not specified nor were there any parameters for frequency of stimulation, pulse duration, treatment time, or electrode placement. Therefore, this request for interferential unit is not medically necessary.

Internal medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: Per the California ACOEM guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical

recommendations. There was no rationale for this referral request in the submitted documentation. The need for internal medicine consultation was not clearly demonstrated in this submitted documentation. Therefore, this request for internal medicine consultation is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

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

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations of pain. They show no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Flexeril is recommended for a short course of treatment. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation showed that this medication was first prescribed for the injured worker on 05/01/2014. That timeframe exceeds the recommendations in the guidelines of 2 to 3 weeks. Additionally, there was no frequency of administration included in the request. Therefore, this request for Flexeril 7.5 mg #60 is not medically necessary.