

Case Number:	CM14-0099335		
Date Assigned:	07/28/2014	Date of Injury:	07/20/2000
Decision Date:	09/23/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, low back, and bilateral hip pain reportedly associated with an industrial injury of July 20, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of manipulative therapy; and muscle relaxants. In a Utilization Review Report dated June 28, 2014, the claims administrator denied a request for six osteopathic manipulative treatments, denied a request for cyclobenzaprine, and denied a request for Effexor. In a June 12, 2014 progress note, the applicant reported persistent complaints of neck, low back, and bilateral hip pain, 2/10. The applicant had had prior manipulative therapy, but the amount was not specified. The applicant stated that activities, psychological distress, and work worsened his symptoms. Manipulative therapy was performed in the clinic. Additional manipulative therapy was sought. The applicant was asked to employ Flexeril for pain relief. The applicant's work status was not furnished on this occasion. In a June 12, 2014, progress note, the applicant was again asked to pursue additional manipulative therapy. It was stated that Effexor was helping. The applicant was asked to remain off of work "indefinitely." Additional manipulative treatment was also endorsed. In another note dated May 30, 2014, the applicant was again asked to pursue additional osteopathic manipulative therapy (OMT). The applicant again stated that osteopathic manipulative therapy was helping, albeit fleetingly. The applicant also stated that Effexor helps his multifocal pain complaints. The attending provider did not quantify the degree of improvement or state what activities had been ameliorated with ongoing Effexor usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Osteopathic Manipulation Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines supports "a total of up to 24 sessions of manipulative treatment in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status,." However, the applicant is off of work. The attending provider has posited that the applicant is off of work "indefinitely." The attending provider has not outlined the presence of any tangible or objective improvements in function achieved as a result of ongoing manipulative treatment. Therefore, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 10 MG Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is using a variety of other agents, including psychotropic medications such as Effexor. Adding Cyclobenzaprine to the mix is not indicated. Therefore, the request is not medically necessary.