MAXIMUS Federal Services

Case Number:	CM14-0043329		
Date Assigned:	07/02/2014	Date of Injury:	09/13/2012
Decision Date:	03/03/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 45 year old female who sustained and industrially related injury on Septemeber thirteenth 2012 involving her head and neck. She has ongoing complaints of neck (8/10) and bilateral upper extremity pain. She is noted to have, prior to this request, received 24 physical therapy sessions and 6 chropractic visits. The most recent physical examination (2/20/14)in the availble medical record notes; tenderness to palpation of the paraspinous cervical spine, reduced range of cervical motion, decreased sensation in the left C6 dermatome and normal upper extremity strength throughout. Ceevical MRI describes a c4-5 and c5-6 disc protrusion but no spinal canl stenosis. She currently takes diclofenac for pain and cyclobenzaprine for muscle spasms. This request is for additional chiropractic sessions and refill of cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% qty 1: 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 Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Topical Analgesics Page(s): 41-42. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine; Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do no indicate failure of antidepressants or anticonvulsants. MTUS states, 'There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.'MTUS states regarding topical muscle relaxants, 'Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product.' Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such the request for cyclobenzaprine 5% is deemed not medically necessary.

Chiropractic/physiotherapy 2 times a week for 4 weeks, cervical spine/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions.' MTUS additionally quantifies, 'b. Frequency: 1 to 2 times per week 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. This request is for 2x per week therapy following 6 prior sessions.c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities." There is no documentation of follow up evaluation following and initial 8 week course of therapy.ODG writes, "it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." Additionally, ODG details criteria for treatment:- Regional Neck Pain: 9 visits over 8 weeks- Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below. Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 week so. Moderate (grade II): Trial of 6 visits over 2-3 week so. Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicityo. Severe (grade III) Trial of 10 visits over 4-6 week so. Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity- Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success -Trial of 6 visits over 2-3 week so. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care- Post Laminectomy

Syndrome: 14-16 visits over 12 weeks. Medical records indicate that that patient has undergone cervical chiropractic treatment but no required re-evaluation as noted above. The guidelines can allow for therapy up to 25 sessions, but the treatment notes do not indicate applicable medical conditions for such quantity of treatment and a request for that quantity would still require a trial of therapy with documentation of improvement before continuation of therapy. As such, the request for an additional 12 Visits of Chiropractic Treatment is deemed not medically necessary.