

Case Number:	CM14-0056882		
Date Assigned:	07/09/2014	Date of Injury:	07/20/2001
Decision Date:	05/06/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 67 year old female who sustained an industrial injury on 7/20/01 when she tripped and twisted her back. She was diagnosed with a lumbar strain. Her symptoms gradually focused on her cervical spine. A cervical MRI was done showing disc herniation; she received physical therapy; anti-inflammatory medications; muscle relaxants; anti-depressant and pain medications. She later had surgery on her cervical spine (2002). She currently complains of persistent low back pain and spasm. Medications are Namenda, Celebrex, Norco, Xanax, Cymbalta and Kapidex. Diagnoses include status post C5-6 anterior cervical discectomy and fusion with allograft and anterior plate; lumbar discectomy (3/06); rotator cuff repair. Treatments to date include physical therapy, medications, aqua therapy. In the progress note dated 3/6/14 the treating provider's plan of care includes refilling current medications and osteopathic manipulation also recommended on 1/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for osteopathic manipulation, QTY: 1, performed on 01/20/2014:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181.

Decision rationale: Per the ACOEM, using cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. Consistent with application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than for pain control alone. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. Additionally, Physical manipulation is recommended only early on in the course of the injury. This injured worker's injury dates back to 2001. The records do not provide clinical rationale for osteopathic manipulation at this point in her chronic pain / illness. The medical necessity of osteopathic manipulation is not substantiated in the records. Therefore, the request is not medically necessary.

Xanax 1 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24, Postsurgical Treatment Guidelines.

Decision rationale: Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visits do not document any significant improvement in pain or functional status or a discussion of side effects to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not substantiate medical necessity for xanax. Therefore, the request is not medically necessary.