MAXIMUS Federal Services

Case Number:	CM15-0008545		
Date Assigned:	01/26/2015	Date of Injury:	10/16/2010
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female, who sustained an industrial injury on October 16, 2010. She has reported low back pain. The diagnoses have included lumbar facet arthropathy, lumbar disc degeneration, lumbar radiculopathy, levoscoliosis and chronic pain. Currently, the IW complains of low back pain radiating to left leg. Treatment includes epidural steroid injection, magnetic resonance imaging (MRI), home exercise program and oral medications.On December 30, 2014 utilization review modified a request for Additional chiropractic care 2 times a week for 4 weeks to the low back and left lower extremity and non-certified a request for Cyclobenzaprine 7.5 mg #30, noting a flare up condition and trial of 6 chiropractic sessions is recommended and the lack of documentation of use of NSAIDs. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): pages 41-42 and page 64.

Decision rationale: Cyclobenzaprine 7.5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks.The documentation indicates that the patient has already been on Cylobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.

Additional chiropractic care 2 times a week for 4 weeks to the low back and left lower extremity: Upheld

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

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

Decision rationale: Additional chiropractic care 2 times a week for 4 weeks to the low back and left lower extremity is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend 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. Treatment beyond 4-6 visits should be documented with objective improvement in function. The patient reports improvement with the prior 4 weeks of chiropractic therapy. She is working with restrictions. Another trial of chiropractic care is reasonable but the request as written exceeds the recommended 4-6 visit trial and therefore is not medically necessary.