

Case Number:	CM15-0106611		
Date Assigned:	06/11/2015	Date of Injury:	06/21/2010
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on 6/21/2010. He reported injury from moving a table. The injured worker was diagnosed as having lumbar spinal stenosis. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care and medication management. In a progress note dated 4/28/2015, the injured worker complains of aggravation of a low back injury. Physical examination showed lumbar tenderness to palpation. The treating physician is requesting 12 sessions of chiropractic care and Flexeril 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic treatment: 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 Page(s): 58-59.

Decision rationale: The patient presents with pain in the lower back. The request is for 12 SESSIONS OF CHIROPRACTIC TREATMENT. Patient is status post left hip surgery, date unspecified. Physical examination to the lumbar spine on 04/28/15 revealed tenderness to palpation in the paralumbar region. Patient's thoracolumbar posture was abnormal and had a forward flexed posture. Range of motion was limited in all planes. Per 03/24/15 progress report, patient's diagnosis includes industrial flare-up of lumbar spinal stenosis at L3-L4 and L4-L5 with thoracic sprain. Patient is permanent and stationary. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In progress report dated 04/28/15, treater states that the patient has had prior chiropractic care which helped him a great deal and that the previous chiropractic treatment was either in 2011 or 2012. UR letter dated 05/08/15 has modified the request from 12 sessions to 6 sessions of chiropractic treatments. In this case, given the patient's diagnosis, a short course of 6 sessions would be reasonable. However, the request for 12 sessions exceeds guideline indications. Therefore, the request IS NOT medically necessary.

1 Prescription of Flexeril 10 mg #30: Upheld

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

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

Decision rationale: The patient presents with pain in the lower back. The request is for 1 PRESCRIPTION OF FLEXERIL 10 MG #30. Patient is status post left hip surgery, date unspecified. Physical examination to the lumbar spine on 04/28/15 revealed tenderness to palpation in the paralumbar region. Patient's thoracolumbar posture was abnormal and had a forward flexed posture. Range of motion was limited in all planes. Per 03/24/15 progress report, patient's diagnosis includes industrial flare-up of lumbar spinal stenosis at L3-L4 and L4-L5 with thoracic sprain. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." It appears the treater is initiating this medication, as there were no records of prior use. The patient suffers with low back pain. Given the patient's condition, a trial of this medication would be indicated. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 30 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

