MAXIMUS Federal Services

Case Number:	CM15-0187379		
Date Assigned:	09/29/2015	Date of Injury:	11/12/2013
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/23/2015

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: Preventive Medicine, Occupational 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 43 year old male who sustained an industrial injury on 11-12-2013. According to the most recent progress report submitted for review and dated 08-18-2015, the injured worker presented for follow-up of thoracic sprain strain. Lately it had gotten progressively worse. The injured worker was requesting different medications. MRI was still pending. There had been no recurrent trauma. Objective findings included thoracic tenderness to palpation, no soft tissue swelling or step off noted. Neurovascular exams were intact. Diagnoses included left strain knee, strain lumbar spine, left ITBS, thoracic sprain strain, spasm back lumbar, left strain hip thigh unspecified site and radiculopathy acute lumbar. The treatment plan included Ultram and Baclofen. A work status report dated 09-10-2015 was submitted for review. Treatments rendered at visit included Ibuprofen, Methocarbamol 500 mg and Tramadol. Work status included modified work from 09-10-2015 to 09-24-2015. On 09-18-2015, Utilization Review non-certified the request for chiropractic 6 sessions and Methocarbamol 500 mg (as directed) and authorized the request for Ibuprofen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare-ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. In this case, per the available documentation, the injured worker has received an unknown number of chiropractic sessions for the thoracic/lumbar spine, with no documentation of objective functional improvement; therefore, the request for chiropractic, 6 sessions is not medically necessary.

Methocarbomol 500 mg (as directed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Muscle relaxants (for pain).

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin (Methocarbomol). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases, there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is noted to have chronic pain with no documentation of acute muscle spasm. Additionally, this medication has been used for an extended period, which is not supported by the guidelines. Furthermore, there is no quantity or dosage information included with this request. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Methocarbomol 500 mg (as directed) is not medically necessary.