

Case Number:	CM15-0203723		
Date Assigned:	10/20/2015	Date of Injury:	04/17/2006
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 4-17-2006. The injured worker was diagnosed as having ankle sprain, sprains and strains of unspecified site of shoulder and upper arm, lumbar sprain-strain, thoracic sprain-strain, chronic myofascial pain, and cervical radiculopathy. A history of hypertension, diabetes, reflux disease, and H pylori was noted. Treatment to date has included diagnostics, unspecified acupuncture, chiropractic physiotherapy, mental health treatment, and medications. On 9-09-2015, the injured worker complains of pain level rated 5 out of 10 (rated 7 out of 10 on 8-10-2015 and 6 out of 10 on 7-13-2015), noting neck and low back pain with radiation down both legs, shoulders, left ankle, and both hands. She reported that Gabapentin reduced some numbness and radicular pain and Cyclobenzaprine (since at least 3-2015) was helping to decrease muscle spasm. Her mood continued to be "poor" and "deteriorating". Objective findings included tenderness to palpation in the lumbar paraspinal muscles, left ankle joint line, and in the right trapezius, reduced range of motion in the lumbar spine and left ankle, ambulation with a cane, and the inability to make a fist with both hands. She was awaiting a gastrointestinal evaluation. The treatment plan included continued medications and acupuncture (chronic pain). Work status was modified and she was currently not working. The treating physician documented that acupuncture was helpful in the past "to calm pain". On 10-02-2015, Utilization Review non-certified a request for Cyclobenzaprine 7.5mg #60 and acupuncture of the cervical spine x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60, per 09/09/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 7.5 mg #60 per the September 9, 2015 order is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are ankle sprain; strain shoulder unspecified site; lumbar sprain strain: thoracic sprain strain, poor coping; chronic myofascial pain; and cervical radiculopathy. Date of injury is April 17, 2006. Request for authorization is September 9, 2015. According to a progress note dated March 10, 2015, the treating provider prescribed ongoing cyclobenzaprine 7.5 mg. The start date is not specified. According to the documentation, acupuncture was rendered in the past. This total number of acupuncture sessions is not specified and there is no documentation demonstrating objective optional improvement. According to the September 9, 2015 progress note, subjective complaints include neck and low back pain with radiation to the upper and lower extremities, respectively. Objectively, there is lumbar and left ankle tenderness to palpation and decreased range of motion. The treating provider continued cyclobenzaprine 7.5mg, at a minimum, in excess of six months. The guidelines recommend short-term (less than two weeks) treatment. There is no documentation of acute low back pain or anything exacerbation of chronic low back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, continued treatment in excess of six months (guidelines recommend less than two weeks), and no documentation demonstrating objective functional improvement to support ongoing use, cyclobenzaprine 7.5 mg #60 per the September 9, 2015 order is not medically necessary.

Acupuncture, 6 sessions, cervical spine, per 09/09/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture six sessions cervical spine per the September 9, 2015 order not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for

an initial trial of three-four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are ankle sprain; strain shoulder unspecified site; lumbar sprain strain; thoracic sprain strain, poor coping; chronic myofascial pain; and cervical radiculopathy. Date of injury is April 17, 2006. Request for authorization is September 9, 2015. According to a progress note dated March 10, 2015, the treating provider prescribed ongoing cyclobenzaprine 7.5 mg. The start date is not specified. According to the documentation, acupuncture was rendered in the past. This total number of acupuncture sessions is not specified and there is no documentation demonstrating objective optional improvement. According to the September 9, 2015 progress note, subjective complaints include neck and low back pain with radiation to the upper and lower extremities, respectively. Objectively, there is lumbar and left ankle tenderness to palpation and decreased range of motion. The progress note documentation indicates the injured worker received prior acupuncture. As noted above, there is no documentation indicating the total number of acupuncture sessions to date and no acupuncture sessions demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date and acupuncture session progress notes, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional acupuncture is indicated, acupuncture six sessions cervical spine per the September 9, 2015 order not medically necessary.