MAXIMUS Federal Services

Case Number:	CM15-0026610		
Date Assigned:	02/19/2015	Date of Injury:	10/18/2013
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/12/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 55 year old female who sustained an industrial related injury on 10/18/13 while picking up a child. The injured worker had complaints of back pain that radiated to bilateral legs with numbness, tingling, and aching, and burning. Diagnoses included thoracic spine sprain/strain, lumbar spine sprain/strain, myospasms, lumbar radiculitis, grade 1 retrolisthesis of L5-S1, lumbar spine disc desiccation, and multilevel disc protrusion at L4-5 and L5-S1. Treatment included physical therapy and medications. The treating physician requested authorization for 12 chiropractic treatments with physiotherapy, 12 acupuncture treatments, TENS unit, hot/cold pack/ wrap or thermal combo unit, and Cyclobenzaprine 7.5mg #60. On 1/29/15 the requests were non-certified. Regarding chiropractic and acupuncture treatment, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no documentation of symptomatic or functional improvement from previous sessions. Regarding a TENS unit, the UR physician cited the MTUS guidelines and noted there was no report of functional benefit from electrical stimulation under the supervision of a physical therapist. Regarding hot/cold pack/ wrap or thermal combo unit, the UR physician cited the Official Disability Guidelines and noted this treatment is not recommended after the acute phase of injury and has no proven long-term efficacy. Regarding Cyclobenzaprine, the UR physician cited the MTUS guidelines and noted muscle spasms were not documented on the physical examination. There was also no documented functional improvement from previous use in the injured worker. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments with Physiotherapy Qty: 12: Upheld

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

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

Decision rationale: According to MTUS, Manual Therapy, or Chiropractic therapy, is recommended for chronic pain if it is caused by musculoskeletal conditions. 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. For the treatment of low back pain, a trial of 6 visits is recommended over 2 weeks, with evidence of objective improvement, with a total of up to 18 visits over 6-8 weeks. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. In this case, there is no documentation of symptomatic or functional improvement from previous chiropractic sessions. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Acupuncture Treatments Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the initial request (12 visits) exceeds the guideline recommendations. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity, or multiple sclerosis. In this case, there is limited documentation for a trial of this modality for this particular injury. In addition, there is no documentation of any functional benefit from the TENS unit under the supervision of a physical therapist. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.

Hot/Cold pack/ wrap OR thermal combo unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Comp 2012 (www.odg.treatment.com), Work Loss Data Institute (www.worklossdata.com), (Updated 02/14/2012).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME), Cold/Heat packs.

Decision rationale: The ODG recommends up to 7 days post-operative cold therapy. In the post-operative setting, cryotherapy units have proven to decrease pain, inflammation, swelling and narcotic use. There is no documentation indicating that the patient is in the acute-phase or post-operative setting. In addition, the guidelines state that local heat may provide some temporary symptomatic relief in acute back pain, but not generally recommended after the acute phase, and there has no proven long-term efficacy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Cyclobenzaprine 7.5mg tablets Qty: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of

functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.