

Case Number:	CM15-0216630		
Date Assigned:	11/06/2015	Date of Injury:	01/30/2012
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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 Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old male sustained an industrial injury on 1-30-12. Documentation indicated that the injured worker was receiving treatment for ongoing mid and low back pain. Previous treatment included physical therapy, massage, acupuncture, chiropractic therapy (24+ sessions), medial branch blocks, epidural steroid injections, trigger point injections, home exercise and medications. In a progress note dated 5-18-15, the injured worker reported that his pain had improved from 7 to 10 out of 10 on the visual analog scale to 2 to 7 out of 10 with acupuncture and massage. Physical exam was remarkable for tenderness to palpation to the right upper back and bilateral neck, increasing pain with extension and left rotation of the neck and forward bending and extension of the mid back and intact bilateral upper extremity strength. Current medications included Voltaren gel, Norco, Celebrex, Flexeril, Omeprazole and Lidocaine patch. The physician stated that he needed to see better pain control before the injured worker could return to modified duty. In a progress note dated 10-12-15, the injured worker reported that a combination of chiropractic therapy and physical therapy increased his neck range of motion, reduced spasms and improved lower extremity strength. The injured worker stated that he was ready to return to full duty at work. Physical exam was remarkable for "slight" tenderness to palpation to the cervical spine and upper back, tenderness to palpation to the mid and low back with bilateral neck rotation 70 degrees, extension with increasing pain and 5 out of 5 extremity strength throughout. The treatment plan included returning to full duty at work, six sessions of chiropractic therapy, eight sessions of physical therapy, bilateral medial branch blocks at L4-5 and L5-S1 and refilling medications (Celebrex, Flexeril and Omeprazole). On 10-21-15,

Utilization Review non-certified a request for Flexeril 10mg #180 and modified a request for chiropractic manipulation #6 to chiropractic manipulation #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there was record of him using chiropractic manipulation frequently over the course of treatment since his injury, although the exact number of sessions attended was not included for review. The provider stated that these previous sessions plus physical therapy had reduced neck spasms and improved range of motion. However, there was no specific documentation found which stated how he improved functionally (activities, working duration/quality) due to manipulation alone without physical therapy, which would be required in order to help justify a reintroduction of chiropractor visits as requested. Also, if this request is more for maintenance then the frequency is more than necessary. Therefore, this request for chiropractor visits is not medically necessary at this time.

Flexeril 10mg #180: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are

likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there was documented muscle spasm, there was no specific report of how effective Flexeril was at improving function and sleep for which it was used. Regardless, this drug class is not recommended for regular long-term use, and this request was intended for continuation of regular chronic use and not for short-term treatment of an acute flare. Therefore, this request for Flexeril is not medically necessary.