

<b>Case Number:</b>	CM15-0217324		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, Massachusetts

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 59 year old male, who sustained an industrial-work injury on 1-15-15. He reported initial complaints of back pain. The injured worker was diagnosed as having spondylolisthesis at L4 over L5, and L4-L6 disc herniation. Treatment to date has included medication, 12 recent chiropractic sessions (helpful per physician's report), and diagnostics. Currently, the injured worker complains of chronic lumbar spine pain that was rated 3 out of 10 along with spasm. Medications included Flexeril and Tramadol as needed. Meds reduce pain from 4 to 1-2 out of 10. He is working same occupation with restrictions. Per the primary physician's progress report (PR-2) on 9-29-15, exam noted reduced range of motion, palpable muscular hypertonicity and tenderness, positive straight leg raise on the right, and neurologically intact to both lower extremities. Current plan of care includes chiropractic sessions and transcutaneous electrical nerve stimulation (TENS) unit. The Request for Authorization requested service to include 12 Sessions of Chiropractic Therapy to The Lumbar Spine, 30 Day Trial of a transcutaneous electrical nerve stimulation (TENS) unit, and #60 Robaxin 750 mg. The Utilization Review on 10-14-15 denied the request for Chiropractic Therapy to The Lumbar Spine, 30 Day Trial of a transcutaneous electrical nerve stimulation (TENS) unit, and #60 Robaxin 750 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Sessions of Chiropractic Therapy to The Lumbar Spine: Upheld**

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

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

**Decision rationale:** The injured worker has received 12 sessions of chiropractic manipulation with some improvement in pain level as level as reported by the treating provider. According to the cited guidelines, 6 initial treatment sessions is appropriate while further treatment is appropriate if there is objective evidence of improved function. Unfortunately there are no physical exam findings or other pieces of objective information that indicated function improved with prior treatment. Consequently further chiropractic manipulation is not medically necessary at this time.

## **30 Day Trial of A TENS Unit: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to MTUS guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for chronic intractable pain" Criteria for use include: Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted." Considering that the injured worker has experienced intractable pain for over three months and has been attempted on a number of other modalities including medication and chiropractor with little effect, a month trial TENS unit is clinically supported at this time.

## **60 Robaxin 750 MG: 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:** According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement."Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs. The injured worker has been taking Robaxin for an extended period of time exceeding initial recommended acute period. There are no medical records that note the medication has been effective in reducing muscle spasm. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.