

Case Number:	CM15-0030188		
Date Assigned:	03/02/2015	Date of Injury:	08/06/2014
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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 45 year old male, who sustained an industrial injury reported on 8/6/2014. He has reported ongoing and intermittent radiating right shoulder pain, neck pain, and subjective weakness. The diagnoses were noted to have included cervicalgia; brachial radiculitis; and neck sprain. Treatments to date have included consultations; diagnostic urine and imaging studies; physical therapy and chiropractic treatments; acupuncture; quantitative functional capacity evaluation (10/14/14); and medication management. The work status classification for this injured worker (IW) was noted to be totally temporarily disabled for 6 weeks as of 1/5/2015. On 1/27/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/5/2015, for Flexeril 7.5mg #60 to #15 for the purpose of tapering and discontinuation; and non-certified, for medical necessity, the request for chiropractic manipulation, 2 x a week x 6 weeks, for the cervical spine. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, muscle relaxants, Flexeril, manual therapy & manipulation for chronic musculoskeletal conditions, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. 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, Flexeril 7.5 mg #60 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 cervical musculoligamentous sprain/strain; cervical myospasm; cervical spine radiculitis; right shoulder arthralgia; multilevel cervical spine disc herniation with neural foraminal narrowing and cord encroachment; cervical spine radiculitis versus radiculopathy; and right rotator cuff tendinosis. The oldest progress note in the medical record is dated October 29, 2014. The documentation reflects Flexeril 7.5 mg was first prescribed November 24, 2014. The subsequent progress note dated January 2015 does not contain clinical evidence of objective functional improvement as it relates to Flexeril 7.5 mg use. Additionally, Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbation in chronic low back pain. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (less than two weeks), Flexeril 7.5 mg #60 is not medically necessary.

Chiropractic Manipulation 2 x 6- cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page (s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic manipulation two times per week for six weeks is not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical musculoligamentous sprain/strain; cervical myospasm; cervical spine radiculitis; right shoulder arthralgia; multilevel cervical spine disc herniation with neural foraminal narrowing and cord encroachment; cervical spine radiculitis versus radiculopathy; and right rotator cuff tendinosis. The oldest progress note in the medical record is dated October 29, 2014. The treatment plan

states continue chiropractic and physical therapy. There were no chiropractic progress notes in the medical record or evidence indicating objective functional improvement. Subsequent progress notes dated November 24, 2014 and January 2015 also states continue chiropractic and physical therapy. There is no documentation of objective functional improvement or the total number of chiropractic sessions to date. Consequently, absent compelling documentation with objective functional improvement, the total number of chiropractic sessions to date with the treatment plan, additional chiropractic manipulation two times per week for six weeks is not medically necessary.