MAXIMUS Federal Services

| Case Number: | CM15-0032535 | | |
|---|---|---|---|
| Date Assigned: | 02/26/2015 | Date of Injury: | 03/28/2011 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

## 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: North Carolina, Georgia
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:

The injured worker is a 35 year old male, who sustained an industrial injury on 3/28/11. On 2/20/15, the injured worker submitted an application for IMR for review of 6 sessions of acupuncture to evaluation and treat low back pain, and Cyclobenzaprine 10mg #30. The treating provider has reported the injured worker complained of lower back pain. The diagnoses have included hand contusion left with paresthesias, lumbar radiculopathy, reactive sleep disturbance, depression. Treatment to date has included MRI lumbar spine (9/2014); EMG/NCV upper extremity (11/12/12), lab draws and urine toxicology screening for medical management, lumbar epidural steroid injection/epidurogram (2/25/15). On 1/22/15 Utilization Review non-certified 6 sessions of acupuncture to evaluation and treat low back pain, and modified Cyclobenzaprine 10mg #30 for prescription only of #14. The MTUS Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of Acupuncture to evaluation and treat low back pain:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS guidelines state that 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 functional recovery. The frequency and duration of Acupuncture or Acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments.2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is documented reduction in pain and improvement in function from 6 initial sessions of Acupuncture. The use of six additional sessions of Acupuncture is medically indicated.

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular use of Flexeril. This request is not medically necessary.