

Case Number:	CM15-0048568		
Date Assigned:	03/20/2015	Date of Injury:	08/13/2008
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37-year-old female who sustained an industrial injury on 8/13/08. The injured worker reported symptoms in the back. The injured worker was diagnosed as having discogenic lumbar condition with herniation at L4-L5. Treatments to date have included activity modification, back brace, cold and hot wrap, transcutaneous electrical nerve stimulation unit, stretches, exercise, analgesics, and topical patches. Currently, the injured worker complains of pain in the mid and lower back. The plan of care was for chiropractic therapy, medication prescriptions, and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion". Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, the frequency of the treatment should be reduced from 12 to 3 or less sessions. More sessions will be considered when functional and objective improvement are documented. Therefore, the request for 12 Chiropractic visits is not medically necessary.

Flexeril 7.5rng (quantity unspecified) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for Flexeril 7.5mg is not medically necessary.