

Case Number:	CM15-0053246		
Date Assigned:	03/26/2015	Date of Injury:	04/13/2012
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania
 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 50-year-old female who sustained an industrial injury on 4/13/12 involving a fall that resulted in injury to her back and hip. She was treated with pain medications, x-rays, MRI. The treatment led to a mild decrease in pain. She is currently complaining of low back pain with left lower extremity symptoms and headaches. The pain intensity is 6/10. Medications are Tramadol, hydrocodone, cyclobenzaprine, naproxen, pantoprazole. Medications improve the injured workers ability to perform activities of daily living. She has a greater tolerance for exercise, improved range of motion and increased overall function. Diagnoses include lumbar decompression (12/13); low back pain with lower extremity symptoms; chronic residual left L5 radiculopathy. Treatments to date include medications, activity modification, physical therapy, transcutaneous electrical nerve stimulator unit, home exercise, heat, cold. Diagnostics include electromyography/ nerve conduction velocity of the lumbar spine and bilateral lower extremities (11/6/12, 8/16/13); MRI lumbar spine (8/16/13, 11/10/12, 5/22/12); thoracic spine x-ray (4/13/12); lumbar spine x-rays (4/16/12, 10/30/12, 7/29/14); left ankle MRI (11/10/12). In the request for treatment dated 2/5/15 the treating provider indicates that cyclobenzaprine resulted in significant diminution in spasms with increased exercise tolerance. Acupuncture was not identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the lumbar spine, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is indicated as an option when pain medication is reduced or not tolerated. There is no indication in the record that acupuncture is being requested for these reasons. With acupuncture, functional improvement should be produced within 3 to 6 treatments. Acupuncture may be indicated beyond the initial 3 to 6 treatments if functional improvement is realized. It is not possible to claim medical necessity of twice weekly acupuncture for 6 weeks without evidence of functional improvement in the first 3 to 6 treatments. The treatment is not medically necessary.

Cyclobenzaprine 7.5 mg, ninety count: 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): 41-42.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as cyclobenzaprine are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Cyclobenzaprine is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The continued long-term use of cyclobenzaprine in this worker is not medically necessary.