MAXIMUS Federal Services

Case Number:	CM15-0081935		
Date Assigned:	05/04/2015	Date of Injury:	02/12/2002
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, California
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:

This is a 56 year old male patient, who sustained an industrial injury on 2/12/2002. He reported back pain while lifting a box. The diagnoses include lumbar disc disease and radicular symptoms, cervical disc disease, status post cervical decompression in 1993, bilateral knee arthropathy, and bilateral carpal tunnel syndrome. Per the doctor's note dated 4/21/15, he had complains of spine pain radiating to his right upper limb and sleep disturbance; low back stiffness and bilateral shoulder tightness; right arm/wrist dull aching pain. Neck and back pain were flaring due to cold weather. Pain was rated 5/10. The physical examination revealed decreased cervical spine range of motion and blunting of pin/light touch sensation in bilateral C5-6 distributions. The medications list includes ambien, Norco, lyrica and robaxin. He has had Magnetic resonance imaging of the cervical spine dated 4/03/2014. He was currently working part time and medication regimen was not noted. He has undergone cervical spine surgery in 1993. Treatment to date has included diagnostics, unspecified amount chiropractic treatment with pain relief, physical therapy without relief, and medications. The treatment plan included a cervical pillow, heating pad, chiropractic x 8, acupuncture x 8, and refill Robaxin. The use of Robaxin was noted for greater than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Request- Robaxin 750mg quantity 30 with two refills. Robaxin contains Methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The level of the pain with and without this medication is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Muscle relaxants are not recommended for long periods of time. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. The medical necessity of Robaxin 750mg quantity 30 with two refills is not established for this patient at this juncture.

Heating Pad: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 265 Physical methods and page 174 Physical Modalities.

Decision rationale: Request- Heating Pad. Per the ACOEM guidelines, regarding hot/cold pack, "Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist." Per the notes, the Neck and back pain were flaring due to cold weather. The physical examination revealed decreased cervical spine range of motion. He has undergone cervical spine surgery in the past. The request for a heating Pad is medically appropriate and necessary for this patient at this juncture.

Chiropractic Treatments for the lumbar spine quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 58-60, Manual therapy & manipulation.

Decision rationale: Request-Chiropractic Treatments for the lumbar spine quantity 8. Per the cited guidelines regarding chiropractic treatment, "Elective/maintenance care - Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had chiropractic and physical therapies for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic Treatments for the lumbar spine quantity 8 is not medically necessary for this patient.

Acupuncture for the right forearm/wrist quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request- Acupuncture for the right forearm/wrist quantity 8. MTUS guidelines Acupuncture Medical Treatment Guidelines9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below 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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines, "Acupuncture treatments may be extended if functional improvement is documented." The requested visits are more than recommended by the cited criteria. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. The medical necessity of Acupuncture for the right forearm/wrist quantity 8 is not medically necessary for this patient at this time.