

Case Number:	CM15-0239815		
Date Assigned:	12/16/2015	Date of Injury:	03/27/2015
Decision Date:	01/25/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/08/2015

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 32 year old male patient with a date of injury 3-27-2015. The diagnoses include cervical sprain with bilateral upper extremity radiculitis and a review of the MRI showed C3-C5 disc bulging and mild degenerative changes at C5-C6 and C6-C7; thoracic sprain; lumbar sprain, left hip sprain and post-traumatic headaches, (improved). He sustained the injury due to struck by a vehicle. He again involved in motor vehicle accident on 9/9/2015. Per the PR-2 dated 7-17-15 he complained of muscle stiffness in his neck at bedtime. The patient had drug intolerance to the original muscle relaxer medication prescribed. Medications prescribed were Robaxin 500mg, Omeprazole 20mg, and a Medrol Dose Pack 4mg. Per the PR-2 dated 8-6-15 he had multiple "no show" appointments with attempts to re-schedule appointments have failed. The patient is discharged from care due to lack of compliance with appointments. Per the note dated 9/14/15, the patient stated that PT made his neck worse. Per the Doctor's First report dated 11-11-15 he had complains of neck pain radiating to the upper extremities, mid back pain, low back pain, hip pain, and headaches. The physical exam revealed tenderness, pain and guarding to the cervical, thoracic and left hip region. The current medications list includes norco and Flexeril 7.5mg. The patient has tried OTC Motrin, Naproxen 550mg, a Medrol pack, Omeprazole 20mg, Robaxin 500mg and Soma. He had a Cervical MRI on 10-29-15 which revealed mild disc bulge at C3-4 and C4-5, mild degenerative changes at C5-6 and C6-7. He had physical therapy for this injury. The treatment plan for the patient's chronic symptoms includes a request for Chiropractic Therapy to address the patient's neck, mid back, lower back and hip symptoms as well as treatment of spasms to resume activity and function. The physician request on 11-11-15 is for: 1.

Chiropractic Treatment to the neck x8 visits, 2. Fexmid 7.5mg, #60. - The treatment request for Chiropractic Treatment to the neck was Modified x6 visits on 11-25-15 and Fexmid 7.5mg was denied by utilization review on 11-25-15. (Norco 5/325mg, #60 was authorized.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 8 to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS chiropractic treatment guidelines chiropractic therapy is recommended as an option for low back complaints. The guidelines recommend "Elective/maintenance care - Not medically necessary. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The requested visits are more than the recommended by the cited criteria. "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." Failure to previous conservative therapy including pharmacotherapy was not specified 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. It is deemed that the request of Chiropractic treatment x 8 to the neck is not medically necessary, based on the records provided.

Retrospective Fexmid 7.5mg, up to 2 times per day #60 (prescribed 11/11/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo

in the management of back pain." According to the records provided the patient had neck pain radiating to the upper extremities, mid back pain, low back pain, hip pain, and headaches and the physical exam revealed tenderness, pain and guarding to the cervical, thoracic and left hip region. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. It is deemed that the request of Retrospective Fexmid 7.5mg, up to 2 times per day #60 (prescribed 11/11/15) is medically necessary to use as prn during acute exacerbations.