

Case Number:	CM14-0122442		
Date Assigned:	09/16/2014	Date of Injury:	03/29/2002
Decision Date:	10/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who reported an injury on 03/29/2002. The mechanism of injury was the injured worker was in the warehouse restocking some parts and injured her back. The diagnoses included lumbar/lumbosacral disc degeneration. The injured worker underwent an L5-S1 partial hemilaminectomy, medial facetectomy, and discectomy on 09/11/2003. The injured worker had a urine drug screen on 03/03/2014 and on 06/04/2014. The injured worker's medications were noted to include Motrin, Gabapentin, Flexeril, and Prilosec. The injured worker underwent an MRI of the lumbar spine on 08/04/2010 which revealed a 1 to 2 broad-based centrally produced disc versus disc bulge at L5-S1. There was no significant disc bulge or herniation. There was a left microlaminectomy. The documentation of 06/04/2014 revealed the injured worker had pain and discomfort in her mid to low back. The injured worker had an increase in pain and stiffness due to cold weather. The injured worker had restricted and painful range of motion, localized tenderness over the mid and lower spine, tenderness to light touch, bilateral feet and ankle pain with decreased range of motion, and depressed affect and mood. The treatment plan included the injured worker had back spasms which lasted 1 week. The medications helped to ease the injured worker's pain to a certain level. The injured worker was utilizing Celebrex; however, as it was not approved, the injured worker was utilizing Motrin and had stomach problems with Motrin. The refill of the medications was additionally requested. The documentation indicated the injured worker lived and walked with pain every single day. The diagnoses included underlying lumbar degenerative disc disease, discogenic low back pain, bilateral feet and ankle pain, and status post 09/11/2003 surgery. The injured worker had recently received chiropractic therapy 3 times a week and the request was made for 8 additional sessions. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Flexril 5mg #120 refill: 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated this was a current medication for the injured worker. There was a lack of documentation indicating objective functional benefit and exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the for 1 prescription Flexeril 5 mg #120 refill: 1 is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens when there is documentation of issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had previously undergone a urine drug screen in 03/2014. There was a lack of documentation of the above criteria. Given the above, the request for prospective request for 1 urine drug screen is not medically necessary.

Chiropractic Manipulation Quantity: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional

improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had utilized chiropractic treatment. There was a lack of documentation indicating the quantity of sessions that have been attended. There was a lack of documentation of decreased pain, improvement in function, and improvement in quality of life. The request as submitted failed to indicate the body part to be treated with chiropractic manipulation. Given the above, the prospective request for chiropractic manipulation quantity 8 is not medically necessary.