

<b>Case Number:</b>	CM14-0142396		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old gentleman was reportedly injured on July 6, 2012. The most recent progress note, dated August 28, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. There was reported to be increased pain with participation in a functional capacity evaluation. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and bilateral SI joints. There was pain with lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic care and oral medications. A request had been made for 12 chiropractic visits and a prescription of cyclobenzaprine and was not certified in the pre-authorization process on September 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic treatments:** 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 58-59 of 127..

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines chiropractic care is recommended for 10 visits over the first six weeks provided there is documentation of functional improvement. Beyond this point one treatment every other week is recommended until the injured employee has reached a plateau. As the injured employee has already participated in 12 visits of therapy and was determined to have had decrease pain and increased motion this request for an additional 12 chiropractic treatments is not medically necessary.

**1 prescription of Cyclobenzaprine 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations. Additionally another prescription of 60 tablets does not indicate short-term episodic usage. Considering this, the request for cyclobenzaprine is not medically necessary.