

Case Number:	CM14-0184896		
Date Assigned:	11/12/2014	Date of Injury:	09/02/2003
Decision Date:	12/19/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family 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 patient is a 51-year-old female who sustained a work related injury on 9/2/2003. The mechanism of injury was described as a motor vehicle accident. She was diagnosed with thoracolumbar sprain and strain, sacroiliac joint arthropathy, lumbar disc syndrome, spondylosis without myelopathy, and myofascial pain syndrome. She has been treated with chronic narcotics, physical therapy, psychotherapy, TENS unit. A 9/19/2014 physical exam showed normal strength and sensation and symmetric reflexes in the upper extremities. A positive Hawkin's sign and positive crossed arm adduction test were noted. The lumbar spine exam was positive for a left positive straight leg raise test while the patient was seated. Sciatic notch tenderness on the left was also appreciated. The patient is currently not employed and is receiving disability benefits per a 9/19/2014 consultation note. Eight acupuncture treatment sessions and continuation of the patient's Cyclobenzaprine was requested. A utilization review physician did not certify these requests. Likewise, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-11.

Decision rationale: In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Section 9792.20 e and f are defined as follows, " (e) "Evidence-based" means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE." "(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This patient's physician requested 8 treatments, which is above the initial recommendation of 3 to 6 treatments with the option to extend treatments if functional improvement is seen. Likewise, this request for 8 acupuncture treatments is not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS 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.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Cyclobenzaprine is not medically necessary.