

Case Number:	CM14-0082045		
Date Assigned:	07/21/2014	Date of Injury:	01/23/2014
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female who sustained injuries to her cervical, thoracic, and lumbar spine on 01/23/14 when she tripped and fell at work. The records indicate that the injured worker was released to modified work. The carrier has accepted treatment for the low back, facial bones, and chest/ribs. Plain radiographs of the chest, left ribs, and lumbosacral spine were obtained on 01/23/14 that revealed normal studies with discogenic disease at L4 to L5 and osteoarthritis. The clinical note dated 04/21/14 reported that the injured worker has completed 11 out of twelve chiropractic manipulation visits that have provided approximately 40 percent improvement. She rated her pain at 4/5 visual analog scale (VAS). Physical examination noted decreased cervical and lumbar lordosis; tenderness noted in the cervical and lumbar spines; physical examination noted positive axial compression and straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation therapy to the cervical spine, thoracic spine, and lumbar spine
QTY: 16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) (updated 04/14/2014), Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 05/12/2014) Chiropractic Guidelines.

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

Decision rationale: The previous request was denied on the basis that the injured worker has completed eleven out of twelve chiropractic visits to date. There is currently insufficient documentation of symptomatic or functional improvement from previous chiropractic visits. The California Medical Treatment Utilization Schedule (MTUS) recommends a trial of six visits over two weeks, with evidence of objective functional improvement. If there is documentation of significant functional gains, a total of up to eighteen visits over six to eight weeks may be approved. There was no additional significant objective clinical information that would support the need to exceed the CA MTUS recommendations, either in frequency or duration of chiropractic manipulation visits. There was no indication that the injured worker was actively participating in a home exercise program. Given this, the request for Chiropractic Manipulation Therapy to the Cervical Spine, Thoracic Spine, and Lumbar Spine sixteen visits are not medically necessary.

Fexmid tablets 7.5mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity cannot be established at this time. Therefore, the request is not medically necessary.