

<b>Case Number:</b>	CM14-0136477		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/26/1991
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 26, 1991. In a Utilization Review report dated August 7, 2014, the claims administrator partially approved a request for eight sessions of chiropractic manipulative therapy as six sessions of the same, partially approved a request for Fexmid (cyclobenzaprine), and denied a Quick Draw Belt (AKA lumbar support). The claims administrator referenced a July 15, 2014 RFA form and associated progress notes of the same date in its determination. The applicant's attorney subsequently appealed. The applicant was described as using Ambien and Flexeril as of a medical-legal evaluation dated August 20, 2012. The applicant had apparently had issues with sexual dysfunction on that date, it was reported. In a July 15, 2014 office visit, the applicant reported worsening complaints of low back pain, 8-9/10. The applicant reported ongoing issues with erectile dysfunction. Chiropractic manipulative therapy was endorsed, along the Quick Draw Belt at issue. The applicant was asked to follow up in four to six weeks. The applicant was not working, it was acknowledged. The applicant was using a cane to move about. Medication selection and medication efficacy were not detailed. The applicant's complete medication list was not seemingly furnished on this occasion. On September 18, 2014, it was again acknowledged that the applicant was not working. The applicant was using Fexmid at a rate of two tablets daily; it was reported on this date. Fexmid was refilled. The applicant did have derivative issues with psychological stress and insomnia, it was reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight chiropractic manipulation sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** No, the request for eight sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, it was suggested on several progress notes and medical-legal evaluations referenced above. Continued manipulative therapy was not, thus, indicated in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.

**One prescription of Fexmid (Cyclobenzaprine 7.5mg) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

**Decision rationale:** Similarly, the request for Fexmid (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. The 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Here, it appeared that the applicant was still using cyclobenzaprine at a rate of two tablets daily. The applicant had been using cyclobenzaprine as early as August 20, 2012, it was suggested above. Continued usage of the same on the twice-daily basis for which it was endorsed was, thus, incompatible with the "brief" course for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**One quickdraw belt for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The request for a Quick Draw Belt (AKA lumbar support) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant was, quite clearly well outside of the acute phase of symptom relief as of the date of the request, July 15, 2014, following an industrial injury of July 26, 1991. Introduction of a lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.