

Case Number:	CM14-0216298		
Date Assigned:	01/06/2015	Date of Injury:	04/10/2007
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 43 female who was injured on 4/10/2007. She was diagnosed with chronic low back pain, left shoulder arthralgia, and cervical disc herniations with neural foraminal narrowing. She was treated with lumbar fusion, various medications (oral and topical), chiropractor treatments, acupuncture, epidural injection, physical therapy, and home exercises. The 8 chiropractor treatments for the cervical spine were recommended to the worker on 6/13/14. No follow-up report on these sessions was included in the documentation. Later, on 10/28/14, the worker was seen for a follow-up with her treating physician reporting continual neck and back pain rated 5-6/10 on the pain scale with stiffness and difficulty moving her neck. She requested trying chiropractic treatments again. She was then recommended 8 additional chiropractic treatments, continuation of her previous medications, and add on a combination topical analgesic medications (caps/cyclo) to help treat her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight visits chiropractic treatment for the neck: 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): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there was some recommended chiropractor treatments months prior to this request, of which there was no documented report of how many were completed and how they might have improved her overall function. Without evidence of benefit from previous chiropractor sessions, additional sessions cannot be justified and will be considered medically unnecessary.

CM4-Caps0.05+ Cyclo 74% prescribed 10-28-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical muscle relaxants, specifically, are addressed in the MTUS as being non-recommended due to their lack of supportive evidence for general use for chronic pain. In the case of this worker, the request for capsaicin/cyclobenzaprine topical analgesic combination medication contains a non-recommended ingredient, and therefore is not recommended and not medically necessary.