MAXIMUS Federal Services

Case Number:	CM14-0094974		
Date Assigned:	07/25/2014	Date of Injury:	04/03/2001
Decision Date:	06/09/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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: 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 injured worker is a 72 year old male, who sustained an industrial injury on April 3, 2001. The injured worker was diagnosed as having chronic pain syndrome, cervicalgia with cervical degenerative disc disease, right carpal tunnel syndrome, and thoracic disc protrusion. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), TENS, chiropractic treatments, and medication. Currently, the injured worker complains of neck and thoracic back pain, with right hand weakness with bilateral hand weakness when there is numbness and tingling, and pain through the ulnar or radial region of the palmer aspect of his hand bilaterally. The Primary Treating Physician's report dated June 3, 2014, noted the injured worker reported home physical therapy and chiropractic treatments keep him going. Without chiropractic treatments the injured worker reported he could not even bend to put shoes on, or move around, and they stopped the muscle spasms in his back. PE noted the injured worker ambulated with an antalgic gait with forward flexion at the waist, using a single point cane. Cervical range of motion (ROM) was noted to be decreased with increased tone. Thoracic kyphosis remained significant with tenderness to palpation bilaterally at insertion of the trapezius to the occipital bone, trapezius muscles with multiple trigger points, and increased thoracic paraspinal musculature tone, tender to palpation. The left side clavicular mild swelling with tenderness to palpation noted. The treatment plan noted to include exercise to tolerance, request for authorization for allotted chiropractic sessions, and medications Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The injured worker has been chronically prescribed cyclobenzaprine since at least April 2010. There is no recent objective evidence of acute muscle spasms per available documentation. The MTUS Guidelines do not support the chronic use of cyclobenzaprine as in this case. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg, #90 is determined to not be medically necessary.

48 CHIROPRACTIC SESSIONS WITH TISSUE MASSAGE FOR NECK AND BACK: 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 Section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The injured worker has used chiropractic services periodically in the past with some relief of symptoms and increase in function. Per the MTUS Guidelines, 1-2 visits should be approved at one time so that treatment success can be assessed. The request for 48 chiropractic visits exceeds these recommendations. The request for 48 chiropractic sessions with tissue massage for the neck and back is determined to not be medically necessary.