

<b>Case Number:</b>	CM15-0107024		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 55 year old male, who sustained an industrial injury on 7/15/13. The injured worker has complaints of back pain. The documentation noted that the injured worker has left leg numbness and muscle spasms. The diagnoses have included myofascial pain syndrome and lumbar spine strain. Treatment to date has included naprosyn; omeprazole; flexeril and neurontin; physical therapy; chiropractic treatment and acupuncture. The request was for chiropractic treatment for the lumbar, 2 times weekly for 4 weeks and flexeril 7.5mg quantity one month supply. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the lumbar, 2 times weekly for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines low back pain, manipulation therapy Page(s): 58.

**Decision rationale:** The medical records indicate pain related to musculoskeletal condition that has not improved with conservative treatment of manipulation, medications, or PT. The insured reportedly had chiropractic care with improved functional ability. MTUS supports manual therapy (chiropractic treatment) as an option for up to 18 visits over 6-8 weeks with evidence of functional improvement. As such the medical records support 8 visits of chiropractic care. The request is medically necessary.

**Flexeril 7.5mg, quantity: 1 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 04/06/2015, Non-Sedating Muscle Relaxants.

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

**Decision rationale:** The medical records report spasm and previous treatment with flexeril. Prolonged use of flexeril is not supported beyond 21 days under ODG guidelines. There is no indication of functional benefit from the previous use of flexeril or indication to support continued use by demonstrated functional gain, improvement in ADLs or indication of mitigation circumstances. As such Flexeril is not supported congruent with ODG guidelines. The request is not medically necessary.