MAXIMUS Federal Services

Case Number:	CM15-0019106		
Date Assigned:	02/09/2015	Date of Injury:	12/16/2013
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male with an industrial injury dated 12/16/2013 as the result of lifting a heavy umbrella base. His diagnoses include cervical spine strain/sprain, cervical radiculitis/radiculopathy, cervical spine discogenic disease with stenosis, thoracic spine strain/sprain, lumbar spine strain/sprain, and lumbar radiculitis rule out lumbar discogenic disc disease. Recent diagnostic testing has included MRI of the lumbar spine (02/22/2014) showing mild degenerative disc and facet disease and disc bulging with moderate stenosis, a MRI of the cervical spine (04/23/2014) showing multilevel disc protrusions with deformity of the spinal cord, and electrodiagnostic studies of the upper extremities (07/09/2014) showing no abnormal findings. He has been treated with conservative care, medications, and chiropractic manipulation. In a progress note dated 12/05/2014, the treating physician reports headaches rated 3/10, neck pain with radiation rated 8/10, mid/upper/low back pain with a pain rating of 3/10 with noted decreases in the severity levels. The objective examination revealed tenderness to palpation of the paraspinal musculature of the cervical spine with restricted range of motion, tenderness to palpation of the paraspinal musculature of the thoracic spine with restricted range of motion, and tenderness to palpation of the paraspinal musculature of the lumbar spine with restricted range of motion, and positive straight leg raises bilaterally. The treating physician is requesting additional chiropractic treatments and Flexeril which were denied by the utilization review. On 01/07/2015, Utilization Review non-certified a request for 12 sessions of chiropractic manipulation for the cervical, thoracic and lumbar spines, noting the lack of evidence of functional improvement including significant improvement in ability to perform activities of daily living, reduction in the

need for continued medical care, or return to work. The MTUS Guidelines were cited.On 01/07/2015, Utilization Review non-certified a prescription for Flexeril 7.5mg #60, noting that the injured worker had previously been treated with Flexeril without clinical evidence of functional improvement. The MTUS Guidelines were cited.On 02/02/2015, the injured worker submitted an application for IMR for review of 12 sessions of chiropractic manipulation for the cervical, thoracic and lumbar spines, and Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic manipulation treatments for the cervical, lumbar and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulationPain Outcomes and Endpoints Page(s): 58-59, 8.

Decision rationale: The 45 year old patient presents with radiating neck pain, mid/upper back pain, lower back pain, and headaches, as per progress report dated 12/05/14. The request is for 12 CHIROPRACTIC MANIPULATION TREATMENTS FOR THE CERVICAL THORACIC AND LUMBAR SPINE. The RFA for this request is dated 06/30/14, and the patient's date of injury is 12/16/13. The headaches and mid/upper back pain are rated at 3/10, and the neck and low back pain are rated at 8/10, as per progress report dated 12/05/14. Diagnoses included head pain, cervical spine musculoligamentous strain/sprain with radiculitis, thoracic spine musculoligamentous strain/sprain, lumbar musculoligamentous strain/sprain with radiculitis, sleep disturbances secondary to pain, and depression. Medications included Naprosyn, Flexeril and Menthoderm gel. The patient is temporarily diabled, as per progress report dated 12/05/14. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)."In this case, the patient has received some chiropractic care. However, none of the progress reports indicate the number of sessions the patient has already attended. The request for 12 additional sessions is first noted in progress report dated 06/13/14. The RFA for the request is dated 06/30/14. The treater continues to request chiropractic care in subsequent reports. In progress report dated 12/05/14, the treater states that prior chiropractic therapy helped reduce pain and tenderness. "He indicates that his activities of daily living and function have improved by 10%." While some impact on pain and function is evident, the patient has not experienced signifant objective functional improvement, as required by MTUS. Hence, the request for additional treatments IS NOT medically necessary.

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 45 year old patient presents with radiating neck pain, mid/upper back pain, lower back pain, and headaches, as per progress report dated 12/05/14. The request is for FLEXERIL 7.5 mg # 60. The RFA for this request is dated 06/30/14, and the patient's date of injury is 12/16/13. The headaches and mid/upper back pain are rated at 3/10, and the neck and low back pain are rated at 8/10, as per progress report dated 12/05/14. Diagnoses included head pain, cervical spine musculoligamentous strain/sprain with radiculitis, thoracic spine musculoligamentous strain/sprain, lumbar musculoligamentous strain/sprain with radiculitis, sleep disturbances secondary to pain, and depression. Medications included Naprosyn, Flexeril and Menthoderm gel. The patient is temporarily diabled, as per progress report dated 12/05/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for cyclobenzaprine (Flexeril) is first noted in progress report dated 09/05/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not document its impact on pain and function. Additionally, MTUS only recommends short-term use of muscle relaxants such as Flexeril. Hence, this request for Flexeril # 60 IS NOT medically necessary.