

<b>Case Number:</b>	CM15-0111922		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/18/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### **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:  
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 47-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of October 18, 2014. In a separate Utilization Review report of May 21, 2015, the claims administrator denied requests for a lumbar support, topical compounded medications, and 12 sessions of chiropractic manipulative therapy. The claims administrator referenced a RFA form received on May 20, 2015 in its determination. The applicant's attorney subsequently appealed. On a RFA form dated May 7, 2015, manipulative therapy, electrodiagnostic testing of the upper and lower extremities, a lumbar support, TENS-EMS device, and a heating system were sought. In an associated Doctor's First Report (DFR) dated April 30, 2015, the applicant reported ongoing complaints of neck, shoulder, and trapezius pain. The applicant was asked to pursue 12 sessions of chiropractic manipulative therapy. The applicant was asked to obtain a functional capacity evaluation. The attending provider maintained that the applicant had not had any prior manipulative therapy. A 20-pound lifting limitation was imposed. It was not clearly stated whether the applicant was or was not working with said 20-pound lifting limitation in place. The applicant was given prescriptions for two separate topical compounded medications, it was reported. MRI studies of the shoulder, cervical spine, and lumbar spine were recently performed, the treating provider incidentally noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC.

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

**Decision rationale:** 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 following an industrial injury of October 18, 2014 as of the date of the request, April 30, 2015. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this relatively late stage in the course of the claim, per ACOEM. Therefore, the request is not medically necessary.

**Compound Cyclo-Tramadol Cream/Flurbiprofen Cream:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider's progress note of April 30, 2015 was sparse, difficult to follow, and did not outline a clear or compelling case for provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded medications in favor of first-line oral pharmaceuticals. Therefore, the request is not medically necessary.

**Twelve Chiropractic visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of manipulative therapy is "four to six treatments." Here, the attending provider framed the request as a first-time request for manipulative therapy. The request for 12 sessions of manipulative therapy at the outset of treatment, however, represents treatment at a rate two to three times MTUS

parameters. The attending provider did not, however, furnish a compelling rationale for such a lengthy, protracted course of manipulation. Therefore, the request is not medically necessary.