

Case Number:	CM15-0128018		
Date Assigned:	07/14/2015	Date of Injury:	12/04/2014
Decision Date:	09/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 42-year-old female who sustained an industrial injury on 12/4/14 when she went to sit on a chair that broke causing her to fall to the ground on her buttocks and slide under the desk. She injured the low back, neck and left shoulder. She is currently experiencing pain in the neck and upper and lower back with no radiation; right knee pain. Her pain level was 8/10. She has joint stiffness and muscle spasms and is unable to stand for long time periods. On physical exam of the cervical spine there was tenderness on palpation with muscle spasm and guarding over the paraspinal musculature bilaterally and upper trapezius muscles bilaterally with decreased range of motion; the lumbar spine revealed tenderness on palpation with spasm and muscle guarding over the paraspinal musculature and decreased range of motion; the right knee revealed tenderness on palpation over the medial and lateral joint lines and peripatellar region, McMurray's elicits pain only, Patellar grind test was positive, there is crepitus. Medications were Tramadol, Relafen, ibuprofen, Robaxin. Diagnoses include Old Bucket handle; cervical sprain/strain/ lumbar sprain/ strain; arthroscopic right knee surgery (3/2/15). Treatments to date include physical therapy; medications. Diagnostics include MRI of the right knee (12/27/14) showing tricompartmental arthrosis; degenerative tear of lateral meniscus; right knee radiographs (6/2/15). In the progress note dated 6/2/15 the treating provider's plan of care includes chiropractic treatments to include modalities and myofascial release neck/ low back/ right knee three times a week for four weeks; LSO low back brace to decrease muscle spasm and pain; right knee osteoarthritic brace to provide stability and decrease pain; right knee x-ray retrospective to

date of service 6/2/15; Fexmid 7.5 for spasm and to resume activity and function; Ultram ER 150 milligrams for chronic low back pain and nociceptive pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to include modalities and myofascial release neck/ low back/ right knee, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation.

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities." ODG writes, "it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." Additionally, ODG details criteria for treatment: Regional Neck Pain: 9 visits over 8 weeks. Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/ deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below. Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks. Moderate (grade II): Trial of 6 visits over 2-3 weeks. Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity. Severe (grade III): Trial of 10 visits over 4-6 weeks. Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity. Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success Trial of 6 visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care. Post Laminectomy Syndrome: 14-16 visits over 12 weeks. ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated " Additionally, MTUS

states "Low back: Recommended as an option. Therapeutic care trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." MTUS does not recommend Manual Therapy of the knee. The prior reviewer modified the request to treat the neck and low back regions, approving a trial period of 6 visits. After the trial period, the treating provider must demonstrate evidence of objective and measurable functional improvement to warrant continued treatment as outlined in the guidelines. As such, the request for Chiropractic Treatment to include modalities and myofascial release neck/ low back/ right knee, QTY: 12 is not medically necessary.

LSO low back brace, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) ODG states for use as a treatment "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for LSO low back brace, QTY: 1 is not medically necessary.

Right knee arthritic brace, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is working with restrictions, there is no mention that the patient will be stressing the knee by climbing or carrying a load. A right lateral unloading brace was approved

June 2, 2015, the treating physician did not provide rationale why an additional brace is being requested. As such the request for Right knee arthritic brace, QTY: 1 is not medically necessary.

Retrospective request for right knee x-rays, QTY: 1. DOS: 06/02/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-336, 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Radiography.

Decision rationale: ACOEM states regarding knee evaluations, "The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall. Palpable tenderness over fibular head or patella-Inability to walk (four steps) or bear weight immediately or within a week of the trauma. Inability to flex knee to 90 degrees. ODG states regarding radiograph of knee and leg, "Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence." And further clarifies indications for imaging X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. Acute trauma to the knee, injury to knee 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e. g, motor vehicle accident), suspect posterior knee dislocation. Non- traumatic knee pain, child or adolescent - non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non- traumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view. Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). The medical records provided did not indicate a mechanism of injury of the knee that would meet ODG criteria. Additionally, the medical records indicate that the patient is able to ambulate, which supports not obtaining an x-ray per ACOEM. Current subjective and objective corroboration to support a radiology request is necessary. The treating physician does not indicate what has changed to the patient to warrant a knee x-ray. As such, the request for Retrospective request for right knee x-rays, QTY: 1. DOS: 06/02/15 is not medically necessary at this time.

Fexmid 7. 5mg tablets, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,
Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." The prior utilization review modified the request to Fexmid 7. 5 mg tablets, QTY: 28. As such, the request for Fexmid 7.5mg tablets, QTY: 60 is not medically necessary.