

Case Number:	CM15-0171982		
Date Assigned:	09/14/2015	Date of Injury:	12/23/2013
Decision Date:	10/14/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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 female who sustained an industrial injury on 12-23-2013. Diagnoses included thoracolumbar sprain strain with bilateral lower extremity radicular symptoms with Grade I anterolisthesis L4-L5 and disc degeneration L1-L2, bilateral sacroiliac joint sprain, bilateral knee sprain strain with degenerative joint disease and psychiatric complaints deferred to psychiatrist. According to report dated 03-18-2014, the injured worker reported low back pain that was rated 8 on a scale of 1-10 and was described as sharp and constant. Bilateral knee pain was rated 7 and described as sharp and constant with weakness. Upper back pain was rated 7 and described as sharp and throbbing in nature and constant. She also reported stress and depression secondary to constant harassment at work by her co-workers. Physical examination of the thoracic lumbar spine demonstrated normal thoracic kyphosis. There was tenderness to palpation with muscle guarding and spasm over the paravertebral musculature. Examination of the lumbar spine demonstrated normal lumbar lordosis. There was tenderness to palpation with muscle guarding and spasm over the paravertebral musculature. Sacroiliac stress test was positive. Straight leg raise was positive on the right. Examination of the bilateral knees demonstrated tenderness to palpation over the medial joint lines bilaterally with slight valgus deformity. Laxity was negative. Valgus stress test was positive bilaterally. Patellar grind test was positive bilaterally. Patellofemoral crepitus was positive bilaterally. Sensation to pinprick and light touch was decreased along the right lower extremity in patch distribution. The injured worker ambulated with a limp favoring her left lower extremity. The treatment plan included an interferential unit to be used on her back to decrease muscle spasm, pain and weakness.

Chiropractic treatments were also being requested to decrease pain and increase range of motion. Medications requested included Anaprox for inflammation of her knees and Fexmid to decrease muscle spasm in her back and knees. An authorization request dated 03-18-2014 was submitted for review. The requested services included review medical records and be compensated for a narrative report that provides discussion, interferential unit to be used on back, chiropractic treatment, Anaprox 550 and Fexmid. On 08-25-2015, Utilization Review authorized the request for Anaprox and modified the request for Fexmid 7.5 mg #30 and non-certified the request for IF unit for 3 months and 12 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic 2013 injury. The Fexmid 7.5mg #30 is not medically necessary and appropriate.

IF unit for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage,

increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The IF unit for 3 months is not medically necessary and appropriate.

12 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The 12 chiropractic treatments is not medically necessary and appropriate.