

<b>Case Number:</b>	CM15-0077246		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Family Practice

### 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 38-year-old male, who sustained an industrial injury on 9/24/14. The injured worker has complaints of low back pain radiating into his lower extremities. The injured worker is 5 feet 10 inches and his weight on 3/9/15 was 295 pounds. The diagnoses have included lumbosacral musculoligamentous sprain/strain and right sacroiliac joint sprain and history of interscapular pain. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of his lower back on 11/17/14; injection to his lower back; ultram and norco for pain. The request was for chiropractic for lumbar Spine, 12 treatments; zanaflex 2mg quantity 90 and supervised weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for Lumbar Spine, 12 treatments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of chiropractic treatment in the section, Manual Therapy. This form of treatment is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Treatment Parameters from state guidelines are as follows: a. Time to produce effect: 4 to 6 treatments. 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. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, while there is evidence in support of a trial of chiropractic treatments, the number of treatments requested (i.e. 12) exceeds the above cited MTUS guidelines. For this reason, chiropractic treatments to the lumbar spine X 12 sessions are not considered as medically necessary.

**Zanaflex 2mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants Page(s): 63-66.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants such as Zanaflex as a treatment modality. Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Zanaflex is being used as part of a long-term treatment strategy for this patient's symptoms. As noted in the above-cited guidelines, muscle relaxants are not recommended for long-term use. For this reason, Zanaflex is not considered as a medically necessary treatment.

## **Supervised Weight Loss Program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Tsai and Wadden; A Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. *Annals of Internal Medicine* 2005; 142:56-66.2. Heshka S, et al. Weight Loss with Self-Help Compared with a Structured Commercial Program: A Randomized Trial. *JAMA* 2003; 289: 1792-98.

**Decision rationale:** There is no comment from the ACOEM Guidelines, the MTUS/Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines, the National Guidelines Clearinghouse or the Cochrane Database on the effectiveness of commercial weight loss programs. However, there are often cited research articles on this subject. One of the most commonly cited articles is by Tsai and Wadden; A Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. *Annals of Internal Medicine* 2005; 142:56-66. The most notable finding of this systematic review was as follows: "These programs were associated with high costs, high attrition rates, and a high probability of regaining 50% or more of lost weight in 1-2 years." Heshka and colleagues performed a multicenter randomized trial comparing a self-help program with a structured commercial program. At 2 years, there were no significant differences in outcomes between the programs (Heshka S, et al. *Weight Loss with Self-Help Compared with a Structured Commercial Program: A Randomized Trial. JAMA* 2003; 289:1792-8). In summary, there is no substantive evidence based on a rigorous assessment of the available medical literature to support the use of a structured commercial weight loss program as superior to a patient's own self-directed program. These requested services are not considered medically necessary.