

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0017623	Date of Injury:	04/11/2009
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
THE REQUESTS FOR CHIROPRACTIC TREATMENT 2-2X PER WEEK FOR 6 WEEKS, KINETIC ACTIVITIES 2-3X PER WEEK FOR 6 WEEKS AND SOME 350MG#60 ONE TAB P.O BID FOR LUMBAR SPINE IS NOT MEDICALLY CERTIFIED PER THE PHYSICIAN ADVISOR			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 31-year-old male who reported an injury on 04/11/2009 from lifting. Notes indicated that the patient had significant treatment history with prior treatments to include lumbar epidural steroid injection, platelet rich plasma injections, normal physical therapy, chiropractic therapy, activity modification, medication management, lumbar facet joint blocks, and acupuncture treatment. However, the patient has continued complaints of constant low back pain verbalized as 9/10 which radiates to the legs with physical examination findings revealing tenderness to palpation of the SI joints and lumbar paravertebral muscles. Sensory examination is noted to be normal. The current consideration under request is for chiropractic treatment 2 to 3 times per week for 6 weeks, kinetic activities 2 to 3 times per week for 6 weeks and for administration of Soma 350 mg #60 one tablet by mouth twice daily.

IMR DECISION(S) AND RATIONALE(S)

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

1. Chiropractic treatment 2-3 per week for 6 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, which is part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Manual Therapy pages 58-59, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. Also, the time to produce effect is indicated as 4 to 6 treatments. 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. The documentation submitted for review details that the employee has undergone chiropractic treatment with the most recent clinical note from chiropractic therapy indicated as 08/19/2013. There is a lack of documentation indicated in the notes detailing that the employee has improvement with the unknown number of chiropractic sessions attended as of 08/19/2013 to support the recommendation for further chiropractic treatments. Additionally, the total number of sessions attended to date is unknown. **The request for chiropractic treatment 2 to 3 times per week for 6 weeks is not medically necessary and appropriate.**

2. Kinetic activities 2-3 per week for 6 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Manual Therapy pages 46-47, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. However, the documentation submitted for review indicates that the employee has prior treatment history with physical therapy. The total number of sessions attended to date is unknown and there is a lack of documentation indicating functional improvement of the employee with prior sessions attended. **The request for kinetic activities 2 to 3 times per week for 6 weeks is not medically necessary and appropriate.**

3. Soma 350mg #60 one tab P.O. BID is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Carisoprodol page 29 and page 65, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines state that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occur. The documentation submitted for review indicates that the employee has been prescribed Soma since at least 04/19/2013 with a urinalysis from that date indicating detection of the medication as part of the employee's prescribed regimen. While weaning of the medication would be recommended, the consideration for Soma is not supported given the guideline recommendation for use not to generally exceed longer than a 2 to 3 week period. **The request for Soma 350mg #60 one tab P.O. BID is not medically necessary and appropriate.**

/MCC

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