

Case Number:	CM13-0016638		
Date Assigned:	11/06/2013	Date of Injury:	01/26/2005
Decision Date:	01/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

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 Neurology, has a subspecialty in Neuromuscular Disorders 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

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

██████████ is a 38 year old man who sustained a work related injury on January 26 2005. According to the note of August 19 2013 the patient developed a lumbar spine musculoligamentous sprain/strain. The patient reported an increased low back pain with numbness in his left lower extremity which did not improve with epidural injection. Physical examination showed tenderness over the paravertebral muscles, reduced sensation over L4-S1 dermatoma distribution, and motor weakness 4/5 in the L4-S1 distribution. The provider requested authorization for post op physical therapy, Zanaflex and lumbar spine surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

post operative physical therapy for the left shoulder for three (3) times per week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the California MTUS guidelines, post surgical treatment for shoulder impingement /sprained shoulder/rotator cuff is 24 visits over 14 weeks. In this case

there is more than 14 weeks following the surgery. There is no clinical information about left shoulder clinical examination after surgery. The request is nor medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63.

Decision rationale: According to the California MTUS guidelines, non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear exacerbation of his back pain and the prolonged use of Zanaflex is not justified. The request is not medically necessary.

lumbar spine surgical consultation within the MPN: 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 (ACOEM), Occupational Medical Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Section Page(s): 305.

Decision rationale: According to MTUS guidelines, surgical consultation is indicated for patients who have 1. Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferable with accompanying objective signs of neural compromise, 2. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. 3. Clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. 4. Failure of conservative treatment to resolve disabling radicular symptoms. There is no scientific evidence about the long term effectiveness of any form of surgery decompression or fusion for degenerative lumbar degeneration compared to placebo, natural history or conservative therapy. There is no good evidence that spinal fusion is effective alone in the treatment of acute back pain. The patient does not have any focal neurological signs. There is no imaging or neurophysiological evidence of neural compromise in this case. Based on the above surgery consultation is not medically necessary.