MAXIMUS Federal Services

Case Number:	CM13-0032242		
Date Assigned:	12/04/2013	Date of Injury:	04/29/2004
Decision Date:	02/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery 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:

The patient is a 62-year-old gentleman who was injured in a work related accident on 04/29/04. The clinical records for review included an orthopedic assessment with [redacted] of 10/23/13 indicating subjective complaints of incapacitating neck pain radiating to the lower extremities. There is noted weakness about the biceps, right greater than left. The objective findings noted restricted cervical range of motion with guarding and diminished sensation in a C6 dermatomal distribution with a positive bilateral Spurling's test. Biceps strength was 4/5 on the right. Reviewed was a prior 10/10/13 MRI scan that showed right foraminal narrowing at the C5-6 level with impingement upon the exiting right C6 nerve root. The current records indicated the need for continuation of medical management in the form of Zanaflex, a request for the MRI scan that was apparently already performed in October of 2013, as well as the continuation of physical therapy for the cervical and lumbar spine and bilateral shoulders three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #20: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex could not be considered. Zanaflex, a muscle relaxant, would not be indicated in the claimant's current chronic setting. The recommendations for use of muscle relaxants would be reserved for acute exacerbation in patients with chronic low back pain as a second line short term option to be utilized "with caution." The records in this case indicate continued complaint of pain in the chronic setting, but no indication of current acute exacerbation. The chronic role of muscle relaxants in this case, thus would not be supported.

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: Based on California ACOEM Guidelines, the MRI scan performed in October 2013 appears medically necessary. The claimant had acute neurological findings with the last clinical imaging noted to be a number of years old. The claimant's acute neurologic findings as well as documented weakness and lower extremity symptoms would necessitate update imaging based on the claimant's current clinical presentation.

Physical therapy three times a week for four weeks to the lumbar spine, cervical spine and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, continuation of physical therapy would not be indicated. The request in this case is for therapy for the shoulders, low back and cervical spine for 12 sessions. In the chronic setting, guidelines would recommend the use of role of physical therapy "sparingly" with no more than "9 to 10 visits over eight weeks" for a diagnosis of myalgias and myositis. The specific request for 12 sessions of physical therapy in this case would not be indicated, particularly given the lack of documentation of recent lumbar or shoulder assessments available for review.