

Case Number:	CM13-0062986		
Date Assigned:	01/15/2014	Date of Injury:	03/20/2009
Decision Date:	08/05/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 62-year-old female who reported an injury on 03/20/2009, with the mechanism of injury not cited within the documentation provided. In the clinical note dated 10/21/2013, the injured worker continued to complain of pain in the back and right shoulder, especially with overhead activities. It is also noted that the injured worker complained of some pain in the lower back. Prior treatments included a home exercise program 1 to 2 times per week and medications. The physical examination revealed a positive right straight leg raise and positive right shoulder impingement. There was also a decrease in sensation of the right foot with normal strength and normal reflexes. There was positive spasm in the lumbar spine paraspinal muscles with a negative Spurling's. The injured worker's pain medication regimen included Naprosyn 550 mg, omeprazole 20 mg, Neurontin 600 mg and Zanaflex 4 mg 3 times a day. The diagnoses included myofascial pain syndrome, repetitive strain injury, chronic lumbar spine strain, right rotator cuff syndrome and lumbosacral radiculopathy. The treatment plan included chiropractic therapy. The request for chiropractic therapy 2 times per week times 4 weeks for a lumbar strain was submitted on 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58 - 59.

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

Decision rationale: The request for chiropractic treatment (Quantity: 6.00) is non-certified. The California MTUS Guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Manual therapy and manipulation for the low back are recommended as an option. The therapeutic care is a trial of 6 visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare ups need to be re-evaluated for treatment success; and if a return to work is achieved, then 1 to 2 visits every 4 to 6 months. In the clinical notes provided for review, there is an indication that the injured worker was approved for 6 chiropractic visits. However, it is unclear if the injured worker has participated and what the efficacy has been. Furthermore, the request lacks the frequency of the chiropractic treatments. Additionally, it is annotated that the low back pain is chronic, and it is not documented if the injured worker has participated in physical therapy. Therefore, the request for chiropractic treatment (Quantity: 6.00) is not medically necessary.

Zanaflex 4mg(quantity unspecified) QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine (Zanaflex) Page(s): 64 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine (Zanaflex) Page(s): 63, 65.

Decision rationale: The request for Zanaflex 4 mg (quantity unspecified) for a quantity of 1 is non-certified. Muscle relaxants are to be used with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, 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. Zanaflex is a centrally-acting alpha2-adrenergic agonist that is FDA-approved for the management of spasticity; unlabeled use for low back pain. In the clinical notes provided for review, it is annotated that the injured worker has been on Zanaflex since 01/2013. There is also a lack of documentation of the injured worker's pain level status and the efficacy of the pain medications being utilized. Furthermore, the guidelines state that muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the request for Zanaflex 4 mg (quantity unspecified) with a quantity of 1 is not medically necessary.