

Case Number:	CM14-0005692		
Date Assigned:	04/04/2014	Date of Injury:	05/24/2010
Decision Date:	07/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 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 52-year-old female who reported an injury on 05/24/2010. The mechanism of injury was not provided in the medical records. Her symptoms included pain and discomfort to the cervical spine that she described as pressure, stiffness, and aching associated with headaches. She had complaints of pain and discomfort to the right shoulder that she described as popping, aching, and soreness. She had complaints of pain and discomfort to the right hand that she described as aching in nature, associated with weakness. She also complained of pain and discomfort to the lumbar spine that she described as aching and soreness. She had complaints of pain and discomfort to the left knee that she described as sharp and aching in nature and sharp pain to the right knee. She rated her pain level at 9/10. Her current medications included Norco 5/325 mg, Voltaren, Ultram, and Zanaflex. Previous range of motion of the right knee revealed flexion at 120 degrees and extension at -5 degrees. Most recent range of motion of the right knee revealed flexion at 119 degrees and extension at -5 degrees. Muscle strength of the right knee was noted to be 4/5. There was hypoesthesia noted over the L4-5 dermatomes on the left. The injured worker was diagnosed with chronic sprain of the cervical spine, minor disc bulge at C4-5, a 3 mm disc bulge at C5-6, a 2.5 mm disc protrusion at C6-7, overuse syndrome in both upper extremities and bilateral shoulders sprain/strain, chronic strain of the thoracolumbar spine, irritable bowel syndrome by history, status post right carpal tunnel release, chronic contusion/sprain of the bilateral knees, internal derangement of both knees, status post bilateral knee arthroscopy (right in 2001 and left in 2002), status post left total knee arthroplasty, and ruptured Achilles tendon of the left ankle. Past medical treatment included psychotherapy, physical therapy, and oral medications. Diagnostic studies included unofficial MRI of the cervical spine dated 05/28/2004 revealed complete loss and reversal of the normal cervical lordotic curve, minor disc bulge at C4-5, a 3 mm posterior disc protrusion at C5-

6, mild spinal cord effacement, a 2.5 mm posterior disc protrusion at C6-7, and mild central canal stenosis. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE (ZANAFLEX) Page(s): 66.

Decision rationale: According to California MTUS Guidelines, Tizanidine is a centrally acting Alpha II adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The most recent clinical note submitted indicated the injured worker was currently taking the requested medication for relief of muscle spasms. However, the documentation failed to provide evidence of muscle spasm upon examination. The documentation failed to provide evidence of improvement in function with the use of the requested medication, decrease in musculoskeletal pain, or decrease in muscle spasm. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Zanaflex 4 mg #30 is not medically necessary.

PHYSICAL THERAPY X 8-12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active, self-directed home physical medicine in the condition of myalgia and myositis, unspecified at 9 to 10 visits over 8 weeks in neuralgia, neuritis, and radiculitis, unspecified at 8 to 10 visits over 4 weeks. The most recent clinical note submitted indicated the right knee had a range of motion 119 degrees flexion and -5 degrees extension. Muscle strength of the right knee was noted to be 4/5. There was also noted to be hypoesthesia noted over the L4-5 dermatomes on the left. The documentation submitted for review also indicated the injured worker had previous physical therapy. However, in the absence of details regarding previous physical therapy treatment, such as number of visits

completed, duration of treatment, and measurable objective functional gains made throughout those physical therapy sessions, the request for additional physical therapy is not supported. Exceptional factors would also be needed to warrant further physical therapy that exceeds the guidelines. Additionally, the request as submitted does not clearly specify a body part for the requested treatment. Given the above, the request for physical therapy x 8 to 12 sessions is not medically necessary.

ERGONOMIC CHAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-176.

Decision rationale: California MTUS/ACOEM Guidelines state because neck and upper back complaints may be related to work station factors, an accurate history of work and non-work-related activities is imperative. Questioning about ergonomic positioning, use of a headset, computer screen placement, and many other factors is important. Reviews of epidemiologic studies have shown neck tension symptoms to be related to repetitive work and constrained postures. Guidelines further state activities causing an increase in stress on the neck tend to increase neck symptoms. These activities can be reviewed with the patient and modifications advised. Activities and postures that increase stress on the neck (driving, work station position, telephone use, repetitive motions, and other activities) may require modification. Patients who work with video display terminals should be sure the keyboard and monitor are at a comfortable height and angle because misadjustment of terminals, as well as awkward use of laptop computers are common causes of neck symptoms. Sitting posture and support are important as well. For example, cradling a telephone receiver on the shoulder can cause neck symptoms and indicates the need for a headset. Frequent changes in position become important in many cases of neck and upper back problems. Work activities involving crouching, stooping, and working under automobiles or dashboards, working in confined spaces, and the like may require modification to maximize the patient's activities and allow early return to work. The documentation submitted for review indicated the injured worker needed an ergonomic chair that would not exacerbate her symptoms particularly to the neck and lumbar spine. However, the documentation failed to provide evidence of the injured worker currently employed to warrant the need of a specialized chair for work. Therefore, the request is not supported. Given the above, the request for an ergonomic chair is not medically necessary.

PAIN MANAGEMENT CONSULTATION: 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) , Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: California MTUS Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation submitted for review indicated the pain management consultation was needed for pain medication management. The injured worker was currently noted to be taking Norco 5/325 mg, Voltaren, Ultram, and Zanaflex. As the injured worker was only noted to be taking Norco 5/325 mg, the need for a pain management is unclear. There was no documentation indicating the injured worker was unable to get proper pain relief from his current medications. Therefore, the request is not supported. Given the above, the request for pain management consultation is not medically necessary.

FUNCTIONAL CAPACITY ASSESSMENT: 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) pgs. 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation (FCE).

Decision rationale: A CA MTUS/ACOEM state is may be necessary to obtain a more precise delineation of patient compatibilities than is available from routine physical examination; under some circumstances, this can be best done by ordering a Functional Capacity Evaluation of the patient. Official Disability Guidelines further state Functional Capacity Evaluations are appropriate when a worker has had prior unsuccessful attempts to return to work or has conflicting medical reports; when the injured worker has an injury that requires a detailed exploration of the worker's ability; a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation submitted for review indicated the Functional Capacity Assessment was to assist in the determination of the injured worker's ability to return to work. The documentation failed to provide evidence that the injured worker was close to maximum medical improvement or had previous attempts to return to work. Therefore, the request is not supported. Given the above, the request for a Functional Capacity Evaluation is not medically necessary.

INTERNAL MEDICINE CONSULTATION: 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) , Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain , Office Visits.

Decision rationale: According to California MTUS/ACOEM Guidelines, referrals may be appropriate if the practitioner is uncomfortable with the line inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse) or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it is often helpful to "position" a Behavioral Health Evaluation as return to work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to ensure compensation for assuming this hired responsibility. The Official Disability Guidelines further state office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a certain number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. The documentation submitted for review failed to provide a rationale for the need for an internal medicine consultation. As the documentation failed to provide any symptoms or objective findings relating to the internal organs or diagnosis related to internal medicine, the request is not supported. Given the above, the request for internal medicine consultation is not medically necessary.