

Case Number:	CM14-0100708		
Date Assigned:	07/30/2014	Date of Injury:	07/10/2013
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 46-year-old female who reported an injury on 07/10/2013 due to an unknown mechanism. Diagnoses were thoracic spine musculoligamentous strain/sprain, L4-5 disc protrusions with annular tear and lumbar intervertebral foramina encroached, per medical records, bilateral shoulder strain/sprain, depression, situational, sleep disturbance secondary to pain. Past treatments were acupuncture, physical therapy and injections. Diagnostic studies were not submitted. Surgical history was not reported. Physical examination on 06/26/2014 revealed complaints of mid/upper back, lower back, shoulder/arm pain. The pain was reported at a 4/10 on the pain scale. Examination of the cervical spine revealed tenderness to palpation over the paraspinal muscles. Examination of thoracic spine revealed a grade 2 tenderness to palpation and palpable spasm over the paraspinal muscles. There was restricted range of motion. Exam of the lumbar spine revealed a grade 2 tenderness to palpation and palpable spasm over the paraspinal muscles. Straight leg raise test was positive bilaterally. There was restricted range of motion. Bilateral shoulders revealed grade 2 tenderness to palpation and a restricted range of motion on the right. The injured worker reported that physical therapy helped decrease her pain and tenderness. Treatment plan was for physical therapy and acupuncture of the thoracic and lumbar spine once a week for 6 weeks and tizanidine as prescribed. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time per week for 6 weeks (6 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine.

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

Decision rationale: The California Medical Treatment Utilization Schedule states 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. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It was not reported that the physical therapy was helping the injured worker with activities of daily living. It was not reported that the injured worker was participating in a home exercise program. Therefore, the request is not medically necessary.

Acupuncture 2 times per week for 6 weeks (12 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 1, 8, 9.

Decision rationale: California Medical Treatment Utilization Schedule state acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker had previous acupuncture treatments. Functional improvement was not reported from those previous treatments. Therefore, the request is not medically necessary.

Tizanidine (Qty Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommend tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The efficacy of this medication was not reported. This medication was meant for a short-term treatment. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.