

Case Number:	CM14-0131268		
Date Assigned:	08/20/2014	Date of Injury:	02/22/2006
Decision Date:	10/01/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year old female was reportedly injured on February 22, 2006. The mechanism of injury is undisclosed. The most recent progress note, dated July 17, 2014 indicates that there are ongoing complaints of neck pain, low back pain and right lower extremity involvement. The physical examination demonstrated that a cane is required for ambulation, the gait pattern is described as stable, and no other physical image findings are reported. Diagnostic imaging studies reportedly noted multiple level disc lesions in the cervical spine, a disc herniation in the lumbar spine, and degenerative changes throughout the spine. Previous treatment includes medications, conservative care and pain management intervention. A request was made for medications and gym membership and was not certified in the preauthorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, QTY: 6 months: 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) Practice Guidelines, page 114, Official Disability Guidelines (ODG)-Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com) and Work Loss Data Institute (www.worklossdata.com), (updated 02/14/12)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter updated August, 2014

Decision rationale: According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has been found to not be effective and there is need for specific gym equipment. Additionally, such a program needs to be administered, attended, and monitored by medical professionals. As there is no documentation in the medical record addressing these issues, this request for a gym membership is not medically necessary.

Zanaflex 4mg, QTY: 120 capsules, with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as second line options for short term treatment. It appears that this medication is being used on a chronic basis which is not supported by Medical Treatment Utilization Schedule (MTUS) treatment guidelines. Therefore, this medication is not medically necessary.