

<b>Case Number:</b>	CM14-0037100		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/30/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Occupational Medicine 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 patient is a 47 year of female who was injured on 12/30/2009 when she was trying to pick up a floor mat. Prior treatment history has included Tylenol, ibuprofen, Zanaflex and Vicodin. The patient has been treated conservatively with 24 sessions of physical therapy and chiropractic therapy. Diagnostic studies reviewed include an EMG did not evidence of lumbar radiculopathy or peripheral neuropathy. MRI of the lumbar spine performed in March 2010 has shown multilevel disc bulging without obvious neural compromise. Follow up noted dated 02/13/2014 reports the patient complained of low back pain, radiating to both lower extremities with some weakness. She also complained of numbness, chronic to lower bilateral legs. She rated her back pain as 5/10. She reported difficulty sleeping. On exam, straight leg raise is positive on the right and positive for radicular pain on the left. She has facet tenderness bilaterally. Facet loading test is positive. SI joints are tender bilaterally as well as Ganslen's, Faber's and compression tests. There is sciatic notch tenderness. There is CVA tenderness noted with restrictive range of motion. Diagnoses are lumbago, sacroilitis, lumbosacral spondylosis without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc, and persistent disorder of initiating or maintaining sleep. The treatment and plan included Tramadol, ibuprofen, and Zanaflex. Also, there is a request for mini functional capacity evaluaton.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. Long-term use is not recommended. This is a request for Zanaflex for a 47 year old female with chronic low back pain with 12/30/09 date of injury. However, the patient appears to be prescribed this medication on a chronic basis. There is no documentation of clinically significant functional improvement on this medication or rationale justifying long-term use. There is no documentation of a clear exacerbation of the patient's chronic symptoms. Medical necessity is not established.

**Mini functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-8; and the Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation (FCE).

**Decision rationale:** According to ACOEM guidelines, there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace. According to ODG guidelines, Functional Capacity Evaluation (FCE) is recommended prior to a Work Hardening Program. FCE is not recommended for routine use in occupational rehab or screening or generic assessments of fitness for duty. This is a request for a Functional Capacity Evaluation (FCE) for a 47 year old with chronic low back pain and date of injury of 12/30/09. The purpose is to determine fitness for duty for a new job. However, FCE's are generally not recommended for generic assessments of fitness for duty, which the treating provider can perform in this case. There is little evidence that FCE's predict an individual's capacity to perform at work. The patient is not participating in a Work Hardening Program. Medical necessity is not established.