

Case Number:	CM14-0096290		
Date Assigned:	07/28/2014	Date of Injury:	01/09/2004
Decision Date:	09/18/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Interventional Spine 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 46 year old with an injury date on 1/9/04. According to report 1/29/14, the patient complains of intermittent lumbar pain rated 8/10, and burning/numb left lower extremity pain. Patient reports that sitting for longer than 30 minutes causes her pain. Based on the 1/29/14 progress report provided by [REDACTED] the diagnoses are lumbar facet syndrome and lumbar rhizotomy x 2. The examination on 1/24/14 showed "tenderness to palpation of bilateral facet. Straight leg raise is negative. L-spine range of motion is severely limited especially extension at 12 degrees." [REDACTED] is requesting an interferential unit and Zanaflex 4mg 1 by mouth twice a day #60. The utilization review determination being challenged is dated 6/3/14 and denied Zanaflex due to lack of documentation. [REDACTED] is the requesting provider, and he provided treatment reports from 1/24/14 to 1/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with back pain and left leg pain. The treating physician is requesting an interferential unit. The MTUS Guidelines, pages 118 to 120, states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For these indications, a one month home trial is recommended prior to a purchase. Review of the medical file does not specify duration or rationale for this request. In this case, the patient has not had a successful home trial. As such, the request for interferential unit is not medically necessary.

Zanaflex 4mg 1 by mouth twice a day #60: Overtuned

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

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

Decision rationale: This patient presents with back pain and left leg pain. The treating physician has asked for Zanaflex 4mg 1 by mouth twice a day #60. The 1/24/14 report states that patient has frequent back spasms. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the patient continues with persistent spasms and the treating physician states that the medication is effective. The requested Zanaflex 4mg #60 is considered medically necessary.