

Case Number:	CM14-0109728		
Date Assigned:	08/01/2014	Date of Injury:	10/18/2009
Decision Date:	01/15/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 underlying date of injury in this case is 10/18/2009. The date of the utilization review under appeal is 07/20/2014. The patient's diagnoses are status post C6-C7 cervical fusion, C5-C6 partial corpectomy, C5-C6 pseudoarthrosis, left C6 and C7 radiculopathy by EMG, moderate left foraminal stenosis by MRI of 06/02/2010, depression, insomnia, sleep disorder, gastric reflux, and left carpal tunnel syndrome status post release. An initial physician review included discussion of medical records including 04/28/2014. As of that time, the reviewing physician noted that there was no indication that there was suspicion of failure of the patient's fusion. There was no indication of chronic pain issues to require use of a TENS unit and no indication of a need for muscle relaxant on a long-term basis. A primary treating physician followup of 06/10/2014 notes that the patient was 7 months status post C5-C6 revision fusion and C6-C7 discectomy and notes that the patient was participating in postoperative physical therapy with some improvement in pain but reported decreased activities of daily living due to pain. Medications included oxycodone, Motrin, Voltaren, and Zanaflex. The patient had a well-healed right anterior neck incision and tenderness of the paracervical muscles and decreased sensation over the left C5, C6, C7, and C8 dermatomes. Given the presence of worsening neck pain, the treating physician requested a CT of the cervical spine to assess for progression of fusion and to rule out a pseudoarthrosis. The treating physician also requested a trial of a home TENS unit and prescribed Voltaren Gel for its anti-inflammatory effects since the patient did not tolerate oral anti-inflammatory medications. The treating physician also recommended Zanaflex for muscle spasm as well as a course of physical therapy at a different facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Cervical spine guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM Guidelines, chapter 8/neck, page 182, recommend use of MRI or CT imaging if there are red flag findings with consideration of a possible indication for surgery. The medical records in this case outline worsened pain status post a cervical fusion and a plan for a CT study of the cervical spine to assess for possible pseudoarthrosis. Such indication is supported by the treatment guidelines. This request is medically necessary.

Additional 6 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to an independent home rehabilitation program. Such an independent home rehabilitation program would be anticipated by this time. The medical records do not provide a rationale instead for additional active physical therapy other than a plan to switch to a different provider; it is unclear how this additional physical therapy would differ from the patient's past physical therapy. Particularly given the intention as well to proceed with an CT scan to rule out a pseudoarthrosis, the goals and methods to be used with additional physical therapy are not apparent. This request is not supported by the treatment guidelines. This request is not medically necessary.

TENS unit trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on TENS, states that a one-month TENS trial may be used as a conservative option as an adjunct to appropriate evidence-based functional restoration for

neuropathic pain. This patient has potential neuropathic pain both from a history of carpal tunnel and a cervical radiculopathy with a history of cervical fusion and residual sensory symptoms. In this situation, the guidelines do support an indication for a trial a TENS unit for this neuropathic pain. This request is medically necessary.

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, discuss Voltaren Gel and state that this has not been evaluated for treatment of the spine. The medical records do not provide alternate rationale to support a probable benefit from this medication. This request is not medically necessary.

Zanaflex 2mg capsule #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, discuss that muscle relaxants are not recommended for long-term use, as is mentioned in an initial physician review; however, the same guideline specifically discusses tizanidine as a first-line option to treat myofascial pain and does recommend its use chronically in this situation. The medical records do discuss such multifactorial pain, and Zanaflex would be indicated based on this guideline. This request is medically necessary.