

<b>Case Number:</b>	CM14-0206458		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, has a subspecialty in Pain 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 injured worker is a 63 year-old male with a date of injury of December 10, 2008. The patient's industrially related diagnoses include lumbar DJD, spinal stenosis in the lumbar region with neurogenic claudication, acquired spondylolisthesis, and lumbar radiculitis. Conservative treatments to date include medications, physical therapy, acupuncture, chiropractic care, and epidural injections. Lumbar spine MRI (date of imaging not provided) showed severe canal stenosis at L4-L5. An updated MRI on 8/13/2014 showed a large broad-based posterior disc protrusion at L4-L5 with central annular fissure and moderate facet arthropathy causing severe central canal stenosis and severe bilateral neuroforaminal narrowing and small broad-based posterior disc protrusion at L5-S1 with a small central annular fissure and moderate severe bilateral facet arthropathy, also containing marked fluid within the facet joints. The disputed issues are additional physical therapy for the lumbar spine, two to three times weekly for six weeks, consultation with a spinal surgeon for the lumbar spine, and Zanaflex 2mg #90. A utilization review determination on 11/20/2014 had non-certified these requests. The stated rationale for the denial of the additional physical therapy was: "In this case, the records state that the claimant is referred to physical therapy (PT) for SI joint dysfunction and that the examination showed positive FABER test bilaterally demonstrating bilateral SI joint dysfunction. The claimant also has lumbar pain and the possible need for lumbar surgery. No details are provided regarding the lumbar spine condition. The documentation is not clear as to what the current source of pain is and what treatment is requested. The claimant was injured in 2008 and he most likely had physical therapy before but no details are provided regarding that. Therefore, the request for additional physical therapy, 2-3 times a week for 6 weeks, lumbar spine is not medically necessary or appropriate." The stated rationale for the denial of a consultation with spine surgeon was: "The claimant is referred to a spine surgeon because according to the recount,

the patient had an abnormal lumbar spine magnetic resonance imaging (MRI) and needs surgery. There is no information regarding the magnetic resonance imaging (MRI) or its findings or how the injury of 2008 is related to current magnetic resonance imaging (MRI) findings. Therefore, the request for consultation with a spine surgeon, lumbar spine is not medically necessary or appropriate." Lastly, the stated rationale for the modification of Zanaflex was: "In this case the claimant has been on Zanaflex at least since April 2014. Zanaflex is medication for spasticity. There is no evidence that the claimant has spasticity. Zanaflex is also used as muscle relaxer. Routine daily use of muscle relaxers is not advised. The medication is effective for acute flare up muscle spasm. Therefore, the request for Zanaflex 2mg #90 per 10/28/2014 exam is modified to #30 pills as medically necessary and appropriate."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional physical therapy for the lumbar spine, two to three times weekly for six weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Section Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127.

**Decision rationale:** Regarding the request for additional physical therapy, 2-3 times a week for 6 weeks, lumbar spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there was no documentation of objective functional improvement with previous physical therapy and the number of sessions previously completed was not provided. In the progress report dated 7/22/2014, the treating physician indicated that the injured worker has failed all conservative measures. Furthermore, there was no indication of any specific objective treatment goals. Lastly, the request exceeds the amount of PT recommended by the CA MTUS for the injured worker's diagnoses and, unfortunately, there is no provision for modification of the current request. In light of these issues, the current request for additional physical therapy, 2-3 times a week for 6 weeks, lumbar spine is not medically necessary.

**Consultation with a spinal surgeon for the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Low Back Chapter, Office Visits Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation with a spinal surgeon for the lumbar spine, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the medical records available for review, there was documentation of continued lumbar spine-based pain despite conservative measures of physical therapy, acupuncture, chiropractic care, and epidural injections. Furthermore, there were subjective complaints, neurologic dysfunction, and positive findings on physical exam of neurological deficits. Additionally, an MRI on 8/13/2014 showed a large broad-based posterior disc protrusion at L4-L5 and moderate facet arthropathy causing severe central canal stenosis. Therefore, a consultation with a spine surgeon is appropriate to discuss potential surgical approaches to address this injured worker's pathology. Based on the documentation, the requested consultation with a spinal surgeon for the lumbar spine is medically necessary.

**Zanaflex 2 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Section Page(s): 63 and 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Zanaflex specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the medical records available for review there was no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. Additionally, the utilization review report indicated that the medication was started in April 2014 and the documentation does not indicate that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex 2mg #90 is not medically necessary.