

Case Number:	CM15-0002598		
Date Assigned:	01/13/2015	Date of Injury:	01/27/2005
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 1/27/05. The injured worker reported symptoms in the bilateral shoulders and bilateral wrists. The diagnoses included status post L5-S1 fusion, bilateral shoulder strain, and bilateral shoulder strain, tenosynovitis of hand and wrist and sleep difficulty. Treatments to date have included Occupational Therapy, acupuncture treatments, lumbar epidural injections, oral pain medications, physical therapy, and activity restrictions. PR2 dated 12/10/14 noted the injured worker presents with pain rated at "7-8/10" with medications and "9/10" without medications, the treating physician is requesting an Internal Medicine consultation, Sleep Specialist consultation and Zanaflex 2mg #120. On 12/23/14, Utilization Review non-certified a request for an Internal Medicine consultation, Sleep Specialist consultation, and Zanaflex 2mg #120. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines,

Decision rationale: ACOEM and MTUS are silent on internal medicine consult as it relates to industrial injury for spinal and joint pain; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any internal organ concerns nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled or treated internal medicine issues. The Internal medicine consultation is not medically necessary and appropriate.

Sleep specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: Submitted reports have not demonstrated any specific detail of sleep disturbance issues or diagnoses to support for sleep specialist. There are no identifying clinical findings of sleep complaints to support for specialty care beyond the primary provider's specialty nor are there any failed conservative pharmacological approaches or sleep hygiene treatment trials rendered for any unusual or complex pathology that may require second opinion. The Sleep specialist consultation is not medically necessary and appropriate.

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2005. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety.

Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 2mg #120 is not medically necessary and appropriate.