

Case Number:	CM15-0009630		
Date Assigned:	01/27/2015	Date of Injury:	08/01/2011
Decision Date:	03/19/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/15/2015

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 52 year old male, who sustained an industrial injury on August 1, 2011. His diagnoses include degeneration of lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. He has been treated with chiropractic care, x-rays of the coccyx and pelvis on January 8, 2015, home exercise program, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On December 12, 2014, his treating physician reports lower back, buttock, and left lower extremity pain. The injured worker reported improved range of motion and function after the chiropractor. He has improved numbness, pain, and movement in the left lower extremity/left hip, and improved burning pain in the glute muscles radiating from the low back. The physical exam revealed an antalgic gait and forward flexed body posture. The treatment plan includes continuing the current pain, muscle relaxant, and non-steroidal anti-inflammatory medications, chiropractic care, and x-rays of the coccyx and left pelvic/hip as recommended by the chiropractor who is working on mobilization and realignment of these areas as a way to relieve lower back pain and radiculopathy into the left lower extremity, and consider a functional restoration program. On January 15, 2015, the injured worker submitted an application for IMR for review of a request for x-rays of the coccyx, x-rays of the pelvis, and a prescription for Tizanidine 4mg #60 with 2 refills. The x-rays of the coccyx and pelvis were non-certified or modified based on lack of documentation of red flag diagnosis, or failure of conservative care. The Tizanidine was non-certified or modified based on the medication is not recommended for long term use and the injured worker has been taking the medication for longer

than three months. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG Quantity: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with lower back, buttock, and left lower extremity pain. The request is for TIZANIDINE 4MG QUANTITY 180. The RFA is not included. The physical exam revealed an antalgic gait and forward flexed body posture. Patient's diagnosis included degeneration of lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS for Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1,3, and 6 months out. MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the records show that the patient has been using Tizanidine since 06/12/14 which reportedly takes the "edge off" so he can go to sleep. The MTUS section specifically for Tizanidine states it can be used for low back pain, myofascial pain and fibromyalgia. In this case, the implication is that Tizanidine was considered for treatment of muscle spasm. The majority of muscle relaxants listed under the MTUS guidelines are for short-term use. The request for TIZANIDINE 4MG QUANTITY 180 does not indicate intended short-term use. The request would exceed MTUS recommendation. Furthermore, MTUS requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, there are no documentations or discussions in relation to the functional improvements or reduction in pain. Therefore, the request IS NOT medically necessary.

XRAYs- COCCYX: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, radiography

Decision rationale: The patient presents with lower back, buttock, and left lower extremity pain. The request is for X-RAYS-COCCYX. The RFA is not included. The physical exam revealed an antalgic gait and forward flexed body posture. Patient's diagnosis included degeneration of lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Patient is retired. ODG under the low back chapter does not recommend routine x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. ODG further states : "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." In this case, the patient has chronic lower back, buttock, and left lower extremity pain and has been diagnosed with degeneration of lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Review of the records does not show any previous X-rays. The treater is requesting the x-rays for further mobility work to be done; however, does not mention any potentially serious underlying conditions such as fracture, neurologic deficit, cancer, infection or tumor as indicated per ODG guidelines. The patient has not had any new trauma that would necessitate radiographic imaging either. The guidelines do not support routine X-rays. Therefore, the request IS NOT medically necessary.

XRAYS - PELVIS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, radiography

Decision rationale: The patient presents with lower back, buttock, and left lower extremity pain. The request is for X-RAYS-PELVIS. The RFA is not included. The physical exam revealed an antalgic gait and forward flexed body posture. Patient's diagnosis included degeneration of lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Patient is retired. ODG under the low back chapter does not recommend routine x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. ODG further states: "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." In this case, the patient has chronic lower back, buttock, and left lower extremity pain and has been diagnosed

with degeneration of lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Review of the records does not show any previous X-rays. The treater is requesting the x-rays for further mobility work to be done; however, does not mention any potentially serious underlying conditions such as fracture, neurologic deficit, cancer, infection or tumor as indicated per ODG guidelines. The patient has not had any new trauma that would necessitate radiographic imaging either. The guidelines do not support routine X-rays. Therefore, the request IS NOT medically necessary.