

<b>Case Number:</b>	CM15-0102069		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/20/1995
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 (IW) is a 54-year-old female who sustained an industrial injury on 10/20/1995. Diagnoses include rheumatism, unspecified and fibrositis; and myalgia and myositis, unspecified. Treatment to date has included medications, trigger point injections, swimming and stretching. Average pain was rated 7-8/10; without medications, pain was rated 8/10. According to the PR2 dated 4/30/15, the IW reported neck pain. On examination, marked bilateral upper trapezius tightness was noted. A request was made for Zanaflex 4mg, #120 for spasms, massage therapy x six sessions for myofasciitis and an MRI of the cervical spine to assess for development of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Muscle relaxants (for pain) Page(s): 66; 63.

**Decision rationale:** Tizanidine 4mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates that the patient has chronic low back pain rather than acute. There is no evidence of extenuating circumstances that would necessitates this medication long term therefore the request for Tizanidine 4mg is not medically necessary.

**Massage Therapy x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** Massage Therapy x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The MTUS states that many studies lack long-term follow up. Massage is a passive intervention and treatment dependence should be avoided. The guidelines state that massage is a passive intervention with studies not revealing long term follow up and a history of a work injury dating back to 1995 this request is not medically necessary. The patient should be performing an active home exercise routine over the passive intervention of massage.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

**Decision rationale:** MRI of the cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The documentation does not indicate evidence of red flag findings or progressive neurological deficits therefore the request for an MRI of the cervical spine is not medically necessary.