

Case Number:	CM15-0135311		
Date Assigned:	07/23/2015	Date of Injury:	07/29/2008
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained an industrial injury on 7/29/08. He subsequently reported neck and back pain. Diagnoses include cervical and lumbar radiculopathy and status post lumbar fusion, anterior and posterior cervical fusion. Treatments to date include MRI testing, back surgeries, pool therapy and prescription pain medications. The injured worker continues to experience neck and back pain with progressive weakness in the right arm. Upon examination, there is antalgic gait and complaints of left knee pain. Cervical range of motion is reduced and tenderness is present. A request for Physical therapy/pool therapy (x16), Zanaflex medication and CT scan lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/pool therapy (x16): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 57 year old male has complained of neck pain, back pain and knee pain since date of injury 7/29/08. He has been treated with surgery, physical therapy and medications. The current request is for physical therapy/pool therapy x 16. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy is not documented as there is no evidence of re-injury or progression of symptoms or physical exam findings to continue PT as requested. Additionally, there is no documentation of functional benefit or reduction in dependence on medications from prior physical therapy. On the basis of the available medical records and per the MTUS guidelines cited above, physical therapy/pool therapy x 16 is not medically necessary.

Zanaflex 4mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 57 year old male has complained of neck pain, back pain and knee pain since date of injury 7/29/08. He has been treated with surgery, physical therapy and medications to include Zanaflex since at least 06/2014. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not medically necessary.

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ACOEM guidelines updated 2007 revision version page 59, Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 57 year old male has complained of neck pain, back pain and knee pain since date of injury 7/29/08. He has been treated with surgery, physical therapy and medications. The available medical records show a request for CT of the lumbar spine without any objective, progressive neurologic deficits on physical examination findings or provider rationale for the above requested test. Per the MTUS guidelines cited above, radiographic imaging in the absence

of objective findings or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, CT of the lumbar spine is not medically necessary.