

Case Number:	CM15-0142261		
Date Assigned:	08/03/2015	Date of Injury:	12/20/2002
Decision Date:	09/23/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/22/2015

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, Pain Management

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 49 year old female who sustained an industrial injury on 12-20-02. The injured worker was diagnosed as having chronic low back pain with left radiculopathy status post L5-S1 left hemilaminectomy-discectomy, depression, gastrointestinal ulcer, status post second back surgery and failed back surgery syndrome. Currently, the injured worker reported pain in the low back with radiation to the right lower extremity. Previous treatments included a cane, a walker, muscle relaxants, spinal cord stimulator trial, status post L5-S1 left hemilaminectomy-discectomy and oral pain medication. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was noted as unemployed, permanent and stationary. The injured workers pain level was noted as 10 out of 10 without medication and 0 out of 10 at its least, 6 out of 10 on average. Physical examination was notable for back with no significant changes. The plan of care was for Tizanidine 4 milligrams quantity of 60 and in home health services 4-6 hours 2 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Tizanidine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine is not medically necessary.

In home health services 4-6 hrs 2 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.