

Case Number:	CM15-0167195		
Date Assigned:	09/04/2015	Date of Injury:	04/15/2010
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 59-year-old male with an industrial injury dated 04-15-2010. His diagnoses included chronic pain, cervical disc degeneration, and disc displacement of the cervical spine, cervical failed back surgery syndrome, cervical radiculopathy, status post cervical spinal fusion and cervical spinal stenosis. Prior treatment included cervical epidural steroid injection, 8 sessions of physical therapy and pain medication. He presents on 07-21-2015 with complaints of neck pain radiating down bilateral upper extremities. The pain was accompanied by numbness in the bilateral upper extremities. He also complains of thoracic back pain, low back pain and ongoing daily headaches. The pain is rated as 8 out of 10 with medications and 10 out of 10 without medications. Physical exam noted spinal vertebral tenderness was noted in the cervical spine at cervical 5-7. Range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased with flexion and extension. Sensory examination showed decreased touch sensation in the bilateral upper extremities. Treatment request included: Tizanidine 2 mg #60, Aqua-therapy 2 x 4 cervical spine, additional physical therapy 2 x 4 cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #60: 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 Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain; cervical disc degeneration; disk displacement cervical spine; cervical failed back surgery syndrome; cervical radiculopathy; status post cervical spinal fusion C4 - C5 and C5 - C6; cervical spine stenosis; headaches; cervicgia; history of drug addiction; history left finger amputation. Date of injury is April 15, 2010. Request for authorization is July 27, 2015. According to the earliest progress note dated March 3, 2015, Flexeril was prescribed. On March 31, 2015, Flexeril was changed to Tizanidine. Tizanidine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine was prescribing excess of four months. The guidelines recommend short-term treatment (less than two weeks). There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of four months (guidelines recommend less than two weeks) and no documentation demonstrating objective functional improvement, Tizanidine 2 mg #60 is not medically necessary.

Additional physical therapy 2 x 4 cervical spine: 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 Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy two times per week times four weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain; cervical disc degeneration; disk displacement cervical spine; cervical failed back surgery syndrome; cervical radiculopathy; status post cervical spinal fusion C4 - C5 and C5 - C6; cervical spine stenosis; headaches;

cervicalgia; history of drug addiction; history left finger amputation. Date of injury is April 15, 2010. Request for authorization is July 27, 2015. According to the earliest progress note dated March 3, 2015, Flexeril was prescribed. On March 31, 2015, Flexeril was changed to Tizanidine. According to a June 23, 2015 progress note, the injured worker's subjective complaints were neck pain, thoracic, low back pain with headache pain score was 6/10. The injured worker completed four weeks of physical therapy. The treating provider is requesting an additional four weeks to transition to a home exercise program. The documentation indicates the injured worker is already engaged in a home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information the medical record, peer-reviewed evidence based guidelines, no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated and no documentation-demonstrating objective functional improvement from prior physical therapy, additional physical therapy two times per week times four weeks to the cervical spine is not medically necessary.

Aqua-therapy 2x4 cervical spine: 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 Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week times four weeks to the cervical spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are chronic pain; cervical disc degeneration; disk displacement cervical spine; cervical failed back surgery syndrome; cervical radiculopathy; status post cervical spinal fusion C4 - C5 and C5 - C6; cervical spine stenosis; headaches; cervicalgia; history of drug addiction; history left finger amputation. Date of injury is April 15, 2010. Request for authorization is July 27, 2015. According to the earliest progress note dated March 3, 2015, Flexeril was prescribed. On March 31, 2015, Flexeril was changed to Tizanidine. According to a June 23, 2015 progress note, the injured worker's subjective complaints were neck pain, thoracic, low back pain with headache pain score was 6/10. The injured worker completed four weeks of physical therapy. The treating provider is requesting an additional four weeks to transition to a home exercise program. The documentation indicates the injured worker is already engaged in a home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines is clinically indicated. The treating provider states reduced weight bearing is desirable. The aquatic therapy request directs treatment at the cervical spine. There is no documentation with the clinical indication or rationale for reduced weight bearing to the cervical spine (a non-weight bearing entity). There is no documentation of failed land-based physical therapy. There are no height and weights in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication or rationale for reduced weight bearing to the cervical spine, no documentation of failed land-based physical therapy and no heights or weights in the medical record, aquatic therapy two times per week times four weeks to the cervical spine is not medically necessary.