

Case Number:	CM15-0189224		
Date Assigned:	10/01/2015	Date of Injury:	05/01/2013
Decision Date:	11/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 41 year old female, who sustained an industrial injury on 5-1-2013. She reported injury to the neck and left upper extremity when pushing a cart. Diagnoses include cervical strain, left shoulder strain, possible cervical. Treatments to date include modified activity, medication therapy, physical therapy, massage, and epidural steroid injection. Currently, she complained of no improvement in neck pain from previous facet joint medial branch blocks administered on 6-8-15. Pain was rated 8-9 out of 10 VAS at worst and 6 out of 10 VAS at best. On 7-20-15, the physical examination documented tenderness to cervical process with muscle spasm and left occipital trigger point with decreased cervical range of motion and left shoulder weakness. The plan of care included initiation of Tizanidine 2mg tablet, one tablet before bed for muscle spasms, physical therapy, and TENS unit. On 8-12-15, it was documented she was taking Tizanidine and Relafen to decreased pain and spasm. The medical records did not documented improved functional ability from use of medications. The appeal requested authorization for six (6) physical therapy sessions, Tizanidine 2mg #30, and DME rental of TENS Unit trial for one month. The Utilization Review dated 9-22-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with neck pain radiating to her left arm rated 6/10 with pain medicines and rest. The request is for PT 6 SESSIONS TO NECK. The request for authorization is not provided. Patient's diagnosis include left shoulder strain/sprain, adhesive capsulitis, t-spine strain/sprain, c-spine strain/sprain. Physical examination reveals moderate tenderness C3-C4, C5-C6 and moderate spasm. Decreased ROM cervical spine all planes with pain. Decreased pinwheel sensation to entire left upper extremity. 4/5 weakness of left elbow flexion, elbow extension, left thumb abduction and finger abduction. Treatment to date include modified activity, medication therapy, physical therapy, massage, and epidural steroid injection. Patient's medications include Relafen, Pantoprazole, and Tizanidine. Per progress report dated 08/12/15, the patient is TTD. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 08/12/15, treater's reason for the request is for "help with pain and spasm." The patient is prescribed Tizanidine since at least 07/20/15. In this case, the patient is diagnosed with myofascial pain for which Zanaflex is indicated per MTUS. However, the treater does not document or discuss how pain is reduced and function is improved by the patient as required by MTUS. Therefore, the request IS NOT medically necessary.

PT 6 Sessions to Neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with neck pain radiating to her left arm rated 6/10 with pain medicines and rest. The request is for PT 6 SESSIONS TO NECK. The request for authorization is not provided. Patient's diagnosis include left shoulder strain/sprain, adhesive capsulitis, t-spine strain/sprain, c-spine strain/sprain. Physical examination reveals moderate tenderness C3-C4, C5-C6 and moderate spasm. Decreased ROM cervical spine all planes with pain. Decreased pinwheel sensation to entire left upper extremity. 4/5 weakness of left elbow flexion, elbow extension, left thumb abduction and finger abduction. Treatment to date include modified activity, medication therapy, physical therapy, massage, and epidural steroid injection.

Patient's medications include Relafen, Pantoprazole, and Tizanidine. Per progress report dated 08/12/15, the patient is TTD. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 07/20/15, treater's reason for the request is "for stretching, ROM and strengthening." In this case, the patient has an injury date of 05/01/13 and continues with neck pain. Provided medical records do not indicate the patient has had physical therapy recently. Given the patient's continued pain and a while since prior physical therapy, the request appears reasonable and within guideline indications. Therefore, the request IS medically necessary.

DME Rental TENS Unit Trial for 1 Month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with neck pain radiating to her left arm rated 6/10 with pain medicines and rest. The request is for PT 6 SESSIONS TO NECK. The request for authorization is not provided. Patient's diagnosis include left shoulder strain/sprain, adhesive capsulitis, t-spine strain/sprain, c-spine strain/sprain. Physical examination reveals moderate tenderness C3-C4, C5-C6 and moderate spasm. Decreased ROM cervical spine all planes with pain. Decreased pinwheel sensation to entire left upper extremity. 4/5 weakness of left elbow flexion, elbow extension, left thumb abduction and finger abduction. Treatment to date include modified activity, medication therapy, physical therapy, massage, and epidural steroid injection. Patient's medications include Relafen, Pantoprazole, and Tizanidine. Per progress report dated 08/12/15, the patient is TTD. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). "Per progress report dated 07/20/15, treater's reason for the request is "as adjunctive pain therapy." The patient continues to have pain despite conservative treatments in the form of physical therapy, massage, injections and medications. MTUS does support a 30-day trial of the TENS unit in patients with chronic pain. Subsequent use will depend on the impact of the trial on the patient's pain and function. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.