

Case Number:	CM15-0194436		
Date Assigned:	10/08/2015	Date of Injury:	05/03/2013
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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 37-year-old female, who sustained an industrial injury on 5-3-13. The injured worker is diagnosed with disc protrusion-extrusion at C5-C6 and cervical and lumbar spine herniated nucleus pulposus. Her disability status is permanent and stationary. Notes dated 6-2-15 - 9-28-15 reveals the injured worker presented with complaints of neck pain that radiates down both of her arms. She reports low back pain that radiates down both of her legs (left greater than right) associated with left foot numbness. Her pain is rated at 6-9 out of 10. Physical examinations dated 6-2-15 - 9-28-15 revealed 2+ tenderness at the bilateral "paracervical and trapezial" muscles and decreased cervical spine range of motion. The lumbar spine examination revealed tenderness over the lumbosacral spine and bilateral lumbar paraspinal muscles as well as muscle spasms and myofascial trigger points. The lumbar spine range of motion is decreased and the seated straight leg raise was positive on the left. Treatment to date has included medications; Norco and Soma. She reports the medications decrease her level of pain from 6-7 out of 10 to 3-4 out of 10 and improves her functionality and activities of daily living (increased ability to sit, stand walk), per note dated 9-14-15. A urine toxicology screen dated 3-3-15 was consistent, per note dated 6-2-15. A request for authorization dated 9-14-15 for Zanaflex 4 mg #90 (prospective) and acupuncture 2x3 for the cervical spine is non-certified, per Utilization Review letter dated 9-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Pain Procedure Summary, Muscle Relaxants, Tizanidine (Zanaflex).

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2013 P&S injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 4mg #90 is not medically necessary and appropriate.

Acupuncture sessions for the cervical spine 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture to the spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture sessions for the cervical spine 2 times a week for 3 weeks is not medically necessary and appropriate.