

Case Number:	CM15-0201531		
Date Assigned:	10/16/2015	Date of Injury:	09/17/2013
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained an industrial injury on 9-17-13. The injured worker is diagnosed with chronic lumbar back strain, L3-L4 disc herniation and modest degenerative disease. His work status is modified duty. Notes dated 9-3-15 and 9-17-15 reveals the injured worker presented with complaints of low back pain with numbness and tingling down both of his lower extremities (left greater than right) described as shooting. He reports difficulty bending and lifting and prolonged sitting, walking and driving as well as sleep disturbance and reduced sexual activity. Physical examinations dated 9-3-15 and 9-17-15 revealed flattened lumbar lordosis and axial compression causes modest low back discomfort. There is bilateral tenderness in the paralumbar musculature with obvious tension and mild left side lumbar paraspinal spasms. Treatment to date has included L3-L4 interlaminar epidural steroid injection, which provided symptom relief by 50% for 2+ months per notes dated 8-20-15 and 9-3-15; medications; Zanaflex (4-2015) helps with muscle spasms per note dated 9-17-15, Hydrocodone and Ibuprofen, physical therapy, chiropractic care, acupuncture therapy and a back brace. Diagnostic studies include lumbar MRI (2013) and x-rays. A request for authorization dated 9-25-15 for 6 massage therapy sessions and Zanaflex 4 mg #60 is non-certified, per Utilization Review letter dated 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

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

Decision rationale: CA MTUS guidelines state that massage can be indicated as an adjunctive therapy with a duration of 4-6 visits. It is recommended for selective use in subacute and chronic low back pain as an adjunct to more efficacious therapy such as graded aerobic and strengthening programs. In this case, the documentation provided does not indicate that the patient will be participating in these programs in conjunction with massage. Therefore the request is not medically necessary or appropriate.

Zanaflex 4mg #60: Upheld

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

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

Decision rationale: Tizanidine (Zanaflex) is a muscle relaxant indicated for the management of acute muscle spasm. CA MTUS Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, the patient has been prescribed Tizanidine since at least 2014. There is also no evidence of acute exacerbation of symptoms warranting this request, which is not medically necessary or appropriate.