

Case Number:	CM15-0209478		
Date Assigned:	10/28/2015	Date of Injury:	09/22/2009
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old male, who sustained an industrial injury on September 22, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having chronic lumbosacral strain and herniated disc pulposus with retrolisthesis of L5-S1. Treatment to date has included diagnostic studies, surgery and medication. On July 29, 2015, the injured worker complained of severe, sharp right lower back pain along with severe numbness and tingling with sitting more than 15 minutes. The pain was rated as a 7 to a 9-10 on a 1-10 pain scale. Physical examination of the lumbar spine revealed tenderness to palpation about the right sacroiliac joint. There was evidence of mild increased thoracic kyphosis. Straight leg raise test was positive on the right. Supine Lasegue's was bilaterally positive to 40 degrees, right greater than left. On September 22, 2015, handwritten subjective findings were mainly illegible. Functional changes since last exam were noted to be improved and moderate. The treatment plan included solar Care FIR heating system Zanaflex and Naproxen. On October 12, 2015, utilization review denied a request for Solar Care FIR heating system and Zanaflex 4mg #120. A request for Naproxen 550mg #300 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: According to the CA MTUS/ACOEM guidelines for low back complaints recommends at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The ODG Low Back section states heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. One study compared the effectiveness of the [REDACTED] Back Plaster, the [REDACTED] Warne-Pflaster, and the [REDACTED] ThermaCare Heat Wrap, and concluded that the ThermaCare Heat Wrap is more effective than the other two. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function. (French-Cochrane, 2006) Heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) The AHRQ draft comparative effectiveness review of noninvasive treatments for low back pain concluded that, for acute cases, superficial heat is effective. In this case the worker is being treated for chronic low back pain. The guidelines support the use of heat therapy for acute low back pain. The worker was injured in 2009 and is being treated for chronic pain. There is no report in the submitted records indicating an acute flare of symptoms. Therefore the request is not supported by the guidelines and is not medically necessary.

Zanaflex 4mg qty 120.00: 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: Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from 9/22/15 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore the request is not medically necessary.