

Case Number:	CM15-0034729		
Date Assigned:	03/03/2015	Date of Injury:	10/22/2013
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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 October 22, 2013. She has reported multi-level cervical degenerative disc disease, and lumbar degenerative disc disease. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medications, acupuncture, and cervical epidural steroid injections. Currently, the IW complains of neck pain with radiation into the arms. She reports a 50% pain reduction in pain for 7 weeks, from the epidural on May 15, 2014. She wears a lumbar support brace. She has increased pain and stiffness in the right arm and scapula. She is unable to fully extend the right arm. She continues to have low back and left hip pain with radiation into the buttocks and legs. Cervical range of motion is noted to be flexion 40 and extension 40. Lumbar range of motion is flexion 45, extension 15, and side bending each direction 15. The records indicate she has completed an unknown amount of previous acupuncture treatment for the management of headaches. On February 2, 2015, Utilization Review non-certified acupuncture one time weekly for 10 weeks, and Tinazidine 4gm #90. The MTUS and Acupuncture Guidelines were cited. On February 24, 2015, the injured worker submitted an application for IMR for review of acupuncture one time weekly for 10 weeks, and Tinazidine 4gm #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for ten weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the upper extremities and back pain that radiates to the lower extremities. The request is for Acupuncture Once a Week for Ten Weeks. Patient's diagnosis per Request for Authorization form dated 01/26/15 included costochondritis. Diagnosis on 01/08/15 included multilevel cervical and lumbar degenerative disc disease with radiculopathy. The patient is status post cervical epidural steroid injection 07/03/14, per operative report; and status post lumbar epidural steroid injection on 05/15/14, per provider's report dated 01/08/15. Patient's medications include Tizanidine, Norco, Ducolex, Prilosec and Naproxen. Patient is on home exercise program. Patient continues to attend acupuncture sessions. Patient's work status is not available. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). " Provider has not provided reason for the request. Per progress report dated 01/08/15, provider states "patient continues to attend acupuncture sessions." A precise treatment history has not been provided in medical records. Furthermore, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) prior to extending additional treatments. The request for 10 additional sessions cannot be warranted given lack of documentation. Therefore, the request is medically necessary.

Tinazidine 4 mgm quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Antispasticity/Antispasmodi Page(s): 63-66.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the upper extremities and back pain that radiates to the lower extremities. The request is for Tizanidine 4mgm Quantity 90. Patient's diagnosis per Request for Authorization form dated 01/26/15 included costochondritis. Diagnosis on 01/08/15 included multilevel cervical and lumbar degenerative disc disease with radiculopathy. The patient is status post cervical epidural steroid injection 07/03/14, per operative report; and status post lumbar epidural steroid injection on 05/15/14, per provider report dated 01/08/15. Patient's medications include Tizanidine, Norco, Ducolex, Prilosec and Naproxen. Patient is on home exercise program. Patient continues to attend acupuncture sessions. Patient's work status is not available. 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." Tizanidine has been included in patient medications per treater reports dated 10/17/14 and 01/08/15. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given the patient's chronic pain and diagnosis, Zanaflex would be indicated. However, there is no discussion specific Tizanidine that the medication is helping with the patient's pain or spasms. MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request is not medically necessary.