MAXIMUS Federal Services

Case Number:	CM15-0043438		
Date Assigned:	03/13/2015	Date of Injury:	02/06/2011
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 31 year old male who sustained a work related injury February 6, 2011. Past history includes s/p lumbar fusion L3-S1 with instrument fixation. According to the secondary treating physician's progress report, dated December 30, 2014, the injured worker presented with persistent low back pain with spasms down the right leg and radiation into the right lower extremity with numbness along the L4 distribution. He has continuing neck pain that extends into the scalp. He is losing strength in his bilateral hands and drops items throughout the day. The headaches are noted to be worse; however, the Maxalt decreases the intensity and frequency of the headache. Diagnoses included cervical myoligamentous sprain/strain; depression and anxiety secondary to industrial injury; gastrointestinal (GI) complaints; headaches, possible cervicogenic. Treatment plan included continue medications, follow-up with primary treating physician, and perform random drug screen. There are no medical records present that correspond to the request for authorization of a colonoscopy, at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colonoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: A referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the patient has been referred for a colonoscopy. The documentation does not specify the reason for the colonoscopy other than "GI complaints." The medical necessity for a colonoscopy has not been established as documentation of specific stomach complaints has not been submitted. Therefore is not medically necessary.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has been treated with tizanidine for longer than the recommended time. Given the risks for sedation and somnolence with limited proven benefit the continued use of tizanidine is not medically needed.