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| Case Number: | CM15-0050787 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 04/22/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/07/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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, Indiana, New York
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 57 year old female, who sustained an industrial injury on 4/22/10. She reported pain in the back related to a fall. The injured worker was diagnosed as having lumbar spinal stenosis, status post L5-S1 decompression with instrumented fusion. Treatment to date has included lumbar hardware removal surgery on 10/23/14, aquatic therapy, trigger point injections, TENs unit and pain medications. As of the PR2 dated 2/11/15, the injured worker reports significant pain reduction due to aquatic therapy. She stated that she no longer needs to use Percocet for pain. The treating physician requested aquatic therapy for the lumbar spine and Zanaflex 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the Lumbar Spine, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy lumbar spine two times per week times three weeks is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including slimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are that this post lumbar hardware removal and exploration of fusion October 23, 2014; status post L5 - S1 revision decompression and posterior lateral fusion September 27, 2012; and status post L5 - S1 posterior lumbar decompression with instrumented fusion May 2011. Subjectively, on December 31, 2014, the injured worker complains of an exacerbation of low back pain. Objectively, there was mild tenderness with no other significant abnormalities noted. The injured worker completed 10 of 12 aquatic therapy visits. The worker had extensive (overall) physical therapy and should be well versed in home exercises based on physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy/aquatic therapy is indicated. The injured worker has mild tenderness on exam with no other significant objective abnormalities noted. Consequently, absent compelling clinical documentation supporting additional aquatic therapy, aquatic therapy lumbar spine two times per week times three weeks is not medically necessary.

Zanaflex 4mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are that this post lumbar hardware removal and exploration of fusion October 23, 2014; status post L5 - S1 revision decompression and posterior lateral fusion September 27, 2012; and status post L5 - S1 posterior lumbar decompression with instrumented fusion May 2011. Subjectively, on December 31, 2014, the injured worker

complains of an exacerbation of low back pain. Objectively, there was mild tenderness with no other significant abnormalities noted. Zanaflex is indicated for short-term (less than two weeks) treatment of an acute exacerbation in patients with chronic low back pain. The injured worker sustained an acute exacerbation of chronic low back pain. However, the treating physician prescribed a one-month supply which is in excess of the recommended guidelines. Additionally, there is no documentation of muscle spasm on physical examination. There is mild tenderness on examination with no other significant objective abnormalities noted. Consequently, absent clinical documentation pursuant to the recommended guidelines for short-term use (less than two weeks), Zanaflex (Tizanidine) 4 mg #60 is not medically necessary.