

<b>Case Number:</b>	CM14-0184337		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58 year old with an injury date on 10/7/08. Patient complains of low lumbar pain/stiffness with occasional pins/needles in his calves per 10/21/14 report. Patient works full duty with help of medications, and a lumbar epidural steroid injection from 2/24/14 gave 50% pain relief and caused a disappearance of neuropathic pain per 10/21/14 report. Based on the 10/21/14 progress report provided by the treating physician, the diagnoses are 1. Lower back pain, 2. Lumbar stenosis, 3. Lumbar degenerative disc disease, 4. Chronic pain syndrome, 5. Numbness, 6. Muscle pain, 7. Shoulder pain, 8. Lumbar radiculopathy. Exam on 10/21/14 showed "L-spine has increased pain with flexion/extension." Patient's treatment history includes medications, lumbar epidural steroid injection (unspecified), massage therapy (4 sessions worsened pain). The treating physician is requesting Zanaflex 4mg #60 (1 tab by mouth 2x daily), and 6 acupuncture sessions for the low back. The utilization review determination being challenged is dated 10/24/14 and modifies request for 6 acupuncture sessions to 3 sessions. The requesting physician provided treatment reports from 3/17/14 to 10/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for Zanaflex 4mg #60 (1 tab by mouth 2x daily) on 10/21/14. The patient has been taking Zanaflex since 3/24/14. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the patient presents with lower back pain which is indicated for Zanaflex. The patient has been taking Zanaflex for more than 6 months, however, without documentation of efficiency. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. The request is not medically necessary.

**6 Acupuncture sessions for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** This patient presents with lower back pain. The treater has asked for 6 ACUPUNCTURE sessions for the low back on 10/21/14. Reviews of the reports do not show any evidence of acupuncture being done in the past. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has not had prior acupuncture, the reports indicate, and a trial of 3-6 acupuncture sessions appears reasonable for patient's ongoing chronic pain condition. The request is medically necessary.