

Case Number:	CM14-0210537		
Date Assigned:	12/23/2014	Date of Injury:	06/04/2007
Decision Date:	03/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Preventive Medicine, Occupational 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:

Patient is a 41 year-old male with date of injury 06/04/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/03/2014, lists subjective complaints as pain in the neck. Patient had an x-ray of the cervical spine in 2008 that was notable for some loss of cervical lordosis. Alignment was good with normal-appearing disc spaces and vertebral bodies. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the suboccipital region. There was also tenderness to palpation noted in the trapezius muscles, left greater than right. Range of motion as restricted in all directions and elicited pain. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Strain/sprain of the cervical spine. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medication: 1. Zanaflex 2mg, #120 SIG: 1-2 tabs TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zanaflex 2 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63.

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Retrospective request for Zanaflex 2 mg, #120 is not medically necessary.

Interferential E-stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, table 12-8, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 118-120.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential E-stimulator unit is not medically necessary.

Retrospective request for X-ray C-Spine (2v): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the MTUS, special studies such as a cervical x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. Retrospective request for X-ray C-Spine (2v) is not medically necessary.