

Case Number:	CM15-0011166		
Date Assigned:	01/29/2015	Date of Injury:	01/15/1998
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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, Arizona
 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 46-year-old female who reported an injury on 01/15/1998 due to a fall. On 02/16/2015, she presented for a followup evaluation regarding her work related injury. She reported continued pain in the low back and hips that continued to shoot down to the legs, left greater than right to the arch of the left foot. She also reported experiencing stiffness of the entire spine associated with burning and constant migraine and nausea. She also reported neck pain with radiation into the bilateral upper extremities. Her medications included ProAir inhaler, Zanaflex 4 mg twice a day as needed for spasms, Norco 10/325 mg twice a day to 3 times a day as needed for severe pain, Fioricet daily as needed 1 to 2 per week, diclofenac 75 mg twice a day as needed for pain, and Lunesta 3 mg at bedtime. A physical examination showed normal range of motion to the cervical spine. There was tenderness at the anterior and posterior of the right shoulder and trigger points in the right supraspinatus, infraspinatus, trapezius, and rhomboid. Range of motion was noted to be decreased and associated with pain. There was 4/5 strength in the upper extremities and a positive Tinel's at the cubital tunnel as well as positive Tinel's sign at the right carpal tunnel. The lumbar spine showed decreased range of motion with associated pain and severe trigger points with a twitch response, left greater than right paraspinal muscles as well as severe bilateral sciatic notch tenderness. He had a positive straight leg raise bilaterally at 45 degrees. Motor examination showed 4/5 strength in the right thumb opposition, right interosseous muscles of the hand, and right hip flexor all associated with pain. Reflexes were at 3+ in the upper extremities and a 2+ in the lower extremities. He had an antalgic gait with wobbly limping and positive Romberg's and abnormal tandem walk. The treatment plan was for

Zanaflex 4 mg #60 and heated pool access for physical therapy for the low back. The rationale for treatment was to treat the injured workers symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heated pool access for physical therapy for the low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: The California MTUS Guidelines indicate that aquatic therapy is recommended where reduced weight bearing is desired. The documentation provided indicates that the injured worker is symptomatic regarding the low back. However, there is a lack of documentation indicating that he has a condition where reduced weight bearing would be desired. Also, there is a lack of documentation indicating a clear rationale for the medical necessity of aquatic therapy rather than land based physical therapy. Furthermore, the number of sessions being requested was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second line treatment option for low back pain. The documentation provided does indicate that the injured worker was taking this medication for low back spasms. However, the documentation provided fails to support a quantitative decrease in pain or objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long he has been using this medication as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.