

<b>Case Number:</b>	CM15-0113025		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/05/2003
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 3/5/2003. Diagnoses have included left knee pain, neck pain, lower back pain and shoulder pain. Treatment to date has included physical therapy, aquatic therapy and medication. According to the progress report dated 5/5/2015, the injured worker complained of increased pain in her left knee. She also complained of pain affecting the posterior cervical and paraspinal musculature including the region of the latissimus dorsi and trapezius area bilaterally in the mid to lower torso and lumbar spine. She reported that the formulation of her Tizanidine was changed to a different size and shape of pill, which she believed to be less effective in reducing muscle spasm. Exam of the left knee revealed pain on palpation of the medial and lateral joint lines. There was tenderness to palpation throughout the posterior musculature of the torso and lumbar spine as well as the paraspinal musculature including the lower cervical area as well as the lumbosacral junction. Authorization was requested for physical therapy and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (sessions) Qty: 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines support a brief course of physical therapy for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restriction; an increase in activity tolerance; and/or a reduction in the use of medication or medical services. In this case, based on the submitted evidence and the patient's persistent symptoms over the past 12 years, the medical necessity for physical therapy has not been established. There is no documented functional benefit or improvement with prior physical therapy or ability to return to work. There is no increase in activity tolerance and/or a reduction in the use of medication or medical services with past physical therapy documented in the submitted records. Therefore, the medical necessity for the request of physical therapy is not established.

**Tizanidine 4mg Qty: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that non-sedating muscle relaxants be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases, muscle relaxants show no benefit beyond NSAIDs in pain relief and overall improvement. In this case, the efficacy of past use of Tizanidine is not stated in the records, other than a different formulation of the same medication was perceived to be not as efficacious in relieving muscle spasm. This medication is also only recommended for short-term use, rather than the long-term utilization in this patient. Therefore, the request is not medically necessary.