

Case Number:	CM15-0125179		
Date Assigned:	07/09/2015	Date of Injury:	07/11/2013
Decision Date:	08/07/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Emergency 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 60 year old male, who sustained an industrial injury on 7/11/2013. He reported falling out of his truck, landing on his left side, left arm and shoulder. Diagnoses have included hypertension, gastroesophageal reflux disease, cervical spine sprain/strain, left upper extremity radiculitis, bilateral shoulder sprain/strain and lumbar spine sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 5/29/2015, the injured worker complained of continued left shoulder pain with popping. He complained of neck pain with radiation into the periscapular region. He complained of lower back pain with bilateral lower extremity radiculopathy. Objective findings revealed tender paraspinal muscles of the cervical spine with spasms. Exam of the left shoulder revealed tenderness. Exam of the lumbar spine revealed tender paraspinal muscles and spasm. Authorization was requested for an internal medicine consult and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for Internal medicine consult provided. While patient has had a prior internal medicine assessment, it is unclear why another consultation was needed. There is no documentation as to why patient's primary care doctor cannot manage patient's underlying medical problems. Poor documentation does not support need for internal medicine consultation.

Zanaflex 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is no documentation of muscle spasms improvement. However, patient has been on this medication chronically and the number of tablets requested is not appropriate. Tizanidine is not medically necessary.