

Case Number:	CM15-0063568		
Date Assigned:	04/10/2015	Date of Injury:	08/15/2002
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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:

This 52-year-old female sustained an industrial injury to the cervical spine on 8/15/12. Previous treatment included magnetic resonance imaging, cervical fusion, aqua therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit, acupuncture, massage, homeopathic therapy, nutritional counseling, cranial-sacral reflexology, radiofrequency ablation and medications. In the most recent PR-2 submitted for review, dated 11/18/14, the injured worker complained of persistent neck pain rated 6-7/10 on the visual analog scale associated with gait imbalance and bilateral upper and lower extremity weakness. Current diagnoses included tension headache, abnormality of gait, cervicgia and cervical spine spondylosis without myelopathy. The treatment plan included medications (Gralise, Pepcid, Voltaren, Norco, Naprelan, Lunesta and Lorzone), discontinuing a request for physical therapy for the lower extremity and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (6-sessions, 2 times a week for 3 weeks for the cervical spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The MTUS guidelines make specific recommendations regarding physical therapy or manipulation. The frequency of treatments advised is 1-2 per week for 2 weeks, followed by 1 treatment per week for the next 6 weeks. The maximum duration is 8 weeks. In cases where treatment is requested beyond the maximum, there needs to be documentation of objective improvement in function. The use of active treatment modalities instead of passive movements are associated with better outcomes. This patient has a remote injury dating back to 8/2012 and at this point, it would be expected that she would be able to perform in home active exercises. Therefore, the request is not medically necessary.

Tizanidine 2mg (Zanaflex), trial #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Muscle relaxants are no more effective than NSAIDs for treatment of patients with musculoskeletal problems. Using them in combination with NSAIDs have no added benefit. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder the return to function by reducing motivation or the ability to increase activity. The patient has a remote injury, which occurred in 2012, and muscle relaxant medication would not be of added benefit beyond potential short-term initial use for muscle spasms.