

<b>Case Number:</b>	CM15-0069103		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/19/2002
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Arizona, California

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:

This 59 year old male sustained an industrial injury on 2/19/02. He subsequently reported neck and back pain. Diagnoses include cervical radiculopathy and thoracic disc protrusion. Treatments to date include nerve conduction, x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience neck, mid back and low back pain along with pain that radiates to the bilateral upper and lower extremities. Upon examination, antalgic gait and limited cervical, thoracic and lumbar range of motion. Tenderness to palpation over the entire spine, tenderness and spasm along trapezius muscles, lumbar paravertebral spasms bilaterally and positive testing for sciatic nerve tension. A request for Robaxin medication, One cardio-respiratory testing/autonomic function assessment cardiovagal innervation, vasomotor adrenergic innervation, EKG and on test and spirometry was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Robaxin Page(s): 64.

**Decision rationale:** According to the guidelines, anti-spastic medications are used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. In this case, the claimant does not have the above diagnoses and had been on Robaxin for several months. The continued and chronic use of Robaxin is not medically necessary.

**One cardio-respiratory testing/autonomic function assessment cardiovagal innervation, vasomotor adrenergic innervation, EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health Online publication of autonomic testing J Vis Exp. 2011; (53): 2502. Published online 2011 Jul 19. doi: 10.3791/2502.

**Decision rationale:** In this case, the claimant had a history of diabetes and chest pain. The guidelines do not discuss autonomic function testing. The specific indication or necessity for autonomic function was not specified. Work-up or request from a cardiologist regarding vagal episodes correlating with claimant's diagnoses were not substantiated. The request is not medically necessary.

**One pulmonary function test and spirometry:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain and sleep study.

**Decision rationale:** According to the ODG guidelines, a pulmonary function test may be required in conjunction with a sleep study or those with lung disorders. In this case, the request for the PFT was not clarified or justified. There was no mention of the above diseases. The request for pulmonary function testing is not medically necessary.