MAXIMUS Federal Services

Case Number:	CM14-0138928		
Date Assigned:	09/05/2014	Date of Injury:	10/15/2011
Decision Date:	11/18/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old female who was injured on 10/15/2011 when she fell at work causing injuries to her neck at work causing injuries to her neck. Prior treatment history has included Tizanidine, hydrocodone, Gabapentin, Tylenol, and Zolpidem. Prior surgical history included anterior cervical discectomy and fusion at C3-C4 and C5-C6 on 11/15/2013. Diagnostic studies were reviewed. SOAP note dated 07/23/2014 states the patient presented with no improvement in her symptoms with physical therapy. She noted she has a lot of pain along her posterior trapezius. On exam, there were no significant findings documented. She is diagnosed with C5-C6 disc degeneration with mild protrusion, C6-C7 mild right disc protrusion, facet arthrosis at right C2-C3 and creatinine C3-C4 and mild bilateral SI arthrosis pain. She was recommended for further strengthening of her musculature for her neck and low back. She was given Zanaflex to help with her muscle spasms. Prior utilization review dated 08/19/2014 states the request for Physical Therapy 3 times a week for 4 weeks for lumbar and cervical; Massage Therapy 1 time a week for 4 weeks for neck and lumbar; and Zanaflex dosage, frequency, and quantity unknown is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for lumbar and cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment guidelines recommended physical manipulation for neuralgia, neuritis and radiculitis 8-10 visits over 4 weeks. Provided documentation notes that the patient has recently participated in 24 sessions of physical therapy, however, there is no documentation of any functional improvement obtained as a result. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Lastly, the treating physician does not highlight exceptional factors involved that would support patient exceeding the recommended 8-10 visits for neuritis and radiculitis. For these reasons the request for Physical Therapy 3 times a week for 4 weeks for lumbar and cervical is not medically necessary based on guidelines and lack documentation.

Massage Therapy 1 time a week for 4 weeks for neck and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: In regards to massage therapy, CA MTUS guidelines highlight. This treatment should be and adjunct to other recommended treatment. The decision for physical therapy has been denied. As such, the request for Massage therapy once a week for four week is not medically necessary based on guidelines and lack of documentation.

Zanaflex dosage, frequency, and quanity unknown: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 66.

Decision rationale: According to CA MTUS guidelines, muscle relaxants show no benefits beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Additionally there is no documentation that the patient has failed a trial of NSAIDs. Documentation does not identify the presence of spasticity and quantity and dosing frequency of this medication is not specified in the request. Therefore the request for Zanaflex is not medically based on guidelines and lack of documentation.