

Case Number:	CM13-0072035		
Date Assigned:	05/07/2014	Date of Injury:	11/10/2010
Decision Date:	07/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation and Pain Medicine, has a subspecialty in Interventional Spine 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 46 year-old female who was injured on 11/10/10. She has been diagnosed with C5 and c6 radiculopathy with positive (EMG/NCS) electromyogram and nerve conduction velocity ; C5/6 disc extrusion; cervical stenosis; cervical facet pain; L5/S1 disc protrusion; L4/5 disc protrusion; lumbar facet pain; lumbar facet arthropathy. According to the 12/3/13 physiatry/pain management report from [REDACTED], the patient presents with neck pain radiating to the left triceps and left dorsal forearm. She takes Flexeril 10mg 1-2/day; Zofran prn; Norvasc, Omeprazole; Symbicort; Singulair, thyroid medications, Oxycodoene 10/325mg prn. The physician is appealing the denial for the left C5 and C6 TFESI. The patient had electrodiagnostic evidence of bilateral C5 and C6 radiculopathy; and has clinical weakness in the left C5 and left C6 upper extremity muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

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

Decision rationale: According to the 12/3/13 physiatry/pain management report from [REDACTED], the patient presents with neck pain radiating to the left triceps and left dorsal forearm. I have been asked to review for continued use of Flexeril. The records show the patient had been on Flexeril since at least 8/6/13 through 12/3/13. MTUS guidelines specifically states this medication is not recommended for use over 3-weeks. The request for continued use of Flexeril over 4-months is not in accordance with MTUS guidelines.

FLUOROSCOPICALLY GUIDED LEFT C5 AND C6 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

Decision rationale: According to the 12/3/13 physiatry/pain management report from [REDACTED], the patient presents with neck pain radiating to the left triceps and left dorsal forearm. I have been asked to review for a left C5 and C6 transforaminal epidural steroid injection (TFESI). MTUS. [REDACTED] states there was EMG/NCV evidence of C5 and C6 bilateral radiculopathy, but unfortunately, the EMG/NCV study was not provided for this IMR, and the date of the study is not known. There are no MRI studies or reports provided for this IMR. MTUS criteria for an ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient has vague complaints of pain down the triceps and left dorsal forearm. The physician has not identified any dermatomal distribution. On physical exam, there were no reported sensory changes, or root tension or compression signs. There was weakness in the wrist extensors, biceps, deltoid, and pronator teres. Without the electrodiagnostic report or MRI report, there is not enough information provided to determine or verify that the clinical findings are suggestive of C5 and C6 radiculopathy, with corroboration with the imaging or electrodiagnostic study.