

Case Number:	CM14-0003121		
Date Assigned:	01/31/2014	Date of Injury:	11/04/2009
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgery, 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 records reflect that this is a 38 year-old individual who sustained an injury in November, 2009. The current diagnosis listed is a closed fracture of the fibula. A request for MRI the cervical spine and the medication Zanaflex is noted. The request was not certified in the preauthorization process. The records reflect the medications policy, Flexeril and Ultracet had been approved in January, 2013. Additional approval is noted March, May, 2013. An MRI of the lumbar spine was approved in September, 2013. Electrodiagnostic studies of the bilateral lower extremities was not certified in the preauthorization process however, an MRI lumbar spine was certified in January, 2014. An orthopedic consultation (AME) was completed in May, 2011. The clinical assessment was a cervical and thoracic strain related to a motor vehicle accident and 2009, pre-existing liver disease, gastroesophageal reflux and sleep apnea. And impairment rating was assigned. An additional session was completed and a 34% whole person impairment rating was assigned. Additional care relative to the cervical spine was delivered. Through the 1st part of 2013 routine follow-up evaluations were noted. There were ongoing issues relative to liver disease, gastrointestinal disease, and muscle soreness in the posterior cervical musculature. They November 2013 evaluation noted an assessment for complaints of neck and back symptoms. The cervical spine pain level noted to be 4/10, there were occipital headaches, and some radiation into the bilateral upper extremities. Similar findings are noted into the lumbar spine and right lower extremity. The medication list includes Norco and Prilosec. The physical examination noted some muscle spasm in the lower lumbar region of the left, a slightly decreased lumbar spine range of motion. Muscle spasm and a decreased range of motion of the cervical spine are also reported. Motor function is reported to be 5/5 and deep tendon reflexes are intact. The treatment plan was for lumbar epidural steroid injections and repeat it has imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS) (2004), 177-8

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , NECK AND UPPER BACK, 177-178

Decision rationale: While noting that the requesting provider is relatively new to the case, this is an older injury and the imaging studies requested had already been accomplished. The studies noted a disc lesion and marked multiple level degenerative changes. The currently reported physical examination did not identify any progressive neurologic changes. There are chronic pain complaints, and the findings are consistent with the medical records reviewed. Therefore, being that there are no acute changes, there are no progressive neurologic defense identified, there is no significant trauma and the studies have been completed, there is no data presented to suggest the need for this additional study. The request for an MRI of the cervical spine is not medically necessary or appropriate.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ZANAFLEX 4 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 63, 127

Decision rationale: This is an individual with a long history of chronic neck and low back pain. The standards for the use of a non-sedating muscle relaxants include that they be a 2nd line medication for short-term use only. There is no clinical indication for an indefinite, protracted long-term use. Therefore, when noting the relative lack of any efficacy with the medication from prior providers, the ongoing complaints of pain, and the current physical assessment, there is insufficient data to suggest that there is an acute need for this medication. The request for one prescription of Zanaflex 4 mg is not medically necessary or appropriate.