

Case Number:	CM14-0004012		
Date Assigned:	06/11/2014	Date of Injury:	07/02/1996
Decision Date:	08/15/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 injured worker is a 63-year-old female who reported injury on 07/02/1996. The mechanism of injury was not provided. This request was previously denied as it was not noted the spinal cord stimulator was non-functional, and the documentation indicated the request was made in order for the injured worker to have an MRI scan. Prior treatments included a cervical spine discectomy and fusion C3-4, C4-5, and C6-7. It was indicated the injured worker had 2 previous cervical spine surgeries. The documentation of 06/04/2013 revealed the injured worker additionally underwent a cervical decompression and fusion with instrumentation at L2-3 with removal of hardware at L4-5 and exploration of fusion mass on 03/12/2012. The documentation indicated the injured worker was waiting on an ear, nose, and throat consultation as she was to obtain an updated cervical MRI with contrast. The injured worker was noted to have a proposed surgery of an anterior discectomy and fusion at C5-6, and was in need of a consultation due to possible vocal cord paralysis. It was noted the injured worker had 2 previous cervical spine surgeries with an anterior cervical approach. It was indicated, if paralysis was noted, it may help guide whether a right-sided or left-sided approach was made. The surgical intervention could not be completed as there was not an MRI within 6 months of the requested surgical date. Subsequent documentation indicated the injured worker could not undergo an MRI due to a morphine pump placement in the cervical spine. The diagnoses included C5-6 and C6-7 radiculopathy, left per EMG/NCV, cervical central and foraminal stenosis with spondylolisthesis at C5-6, status post cervical spine fusion, status post placement of dorsal column stimulator, and status post previous lumbar fusion at L4-5, and status post decompression and fusion with instrumentation at L2-4 with removal of instrumentation at L4-5. The treatment plan included a followup with the physician who placed the morphine pump to see if it would need to be

removed prior to the MRI. Subsequent documentation revealed the spinal cord stimulator leads and IPG battery needed to be removed prior to cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 REMOVAL OF SPINAL CORD STIMULATOR LEADS AND IPG BATTERY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): page 106, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI.

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators when less invasive procedures have failed. The California MTUS Guidelines do not make recommendations regarding spinal cord stimulator removal. As the request was made so the injured worker could receive a repeat MRI and California MTUS/ACOEM guidelines do not address repeat MRIs. Secondary guidelines were sought. The Official Disability Guidelines recommends a repeat MRI when there is a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated this whole reason for removal of the spinal cord stimulator was so the injured worker could receive a new MRI prior to surgical intervention. The physical examination revealed dermatomes from C2-T1 were diffused decreased in the left upper extremity. The injured worker had normal motor testing. The injured worker was a candidate for a third cervical intervention and it was indicated the injured worker needed an MRI that was less than 6 months old for the procedure. However, there was a lack of documentation indicating the injured worker had a significant change in her symptoms or findings suggestive of a significant pathology. Additionally, there was no documentation indicating that the pump was non-functional. Given the above, the prospective request for 1 removal of spinal cord stimulator leads and IPG battery is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLEXERIL 10MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical

documentation submitted for review failed to provide the duration of use. There was a lack of documentation indicating a necessity for 2 refills without evaluation. Additionally, there was a lack of documentation indicating objective improvement with the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of Flexeril 10 mg #60 with 2 refills is not medically necessary.