

Case Number:	CM14-0013393		
Date Assigned:	06/02/2014	Date of Injury:	02/26/2007
Decision Date:	08/01/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old female with a 11/13/02 date of injury, and C5-6 and C6-7 anterior cervical discectomy and fusion in August 2009. The cervical epidural steroid injection C5-6 right side and Fexmid 7.5mg #60. There is documentation of subjective findings of right neck pain radiating to right upper extremity with intensity of 8/10 and right arm weakness. There was objective findings of tenderness, rigidity, decreased range of motion and guarding of the cervical musculature; and tenderness, decreased range of motion, and pain on extension of the lumbar musculature. Current diagnoses are cervical post laminectomy syndrome with right upper extremity radiculopathy and lumbar myoligamentous injury with associated facet hypertrophy. Treatment to date include medications (including Opioid and Analgesics), physical therapy, and previous cervical epidural steroid injections with 50% pain relief for six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C5-6 right side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS/ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of cervical post laminectomy syndrome with right upper extremity radiculopathy. In addition, there is documentation of previous cervical ESI with 50% pain relief for six to eight weeks. However, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for cervical epidural steroid injection C5-6 right side is not medically necessary and appropriate.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Fexmid is recommended for a short course of therapy. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar myoligamentous injury with associated facet hypertrophy. In addition, there is documentation of a rationale identifying that Fexmid will be used for short-term course only. Furthermore, there is documentation of muscle spasms. However, given documentation of an 11/13/02 date of injury, there is no (clear) documentation of acute muscle spasms. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg #60 is not medically necessary and appropriate.