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| <b>Case Number:</b>   | CM14-0014874 |                              |            |
| <b>Date Assigned:</b> | 02/28/2014   | <b>Date of Injury:</b>       | 09/12/2002 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 01/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2014 |

### 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 Occupational Medicine 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 43-year-old female who has submitted a claim for degenerative disc disease of the thoracic spine status post discectomy times two (2), thoracic spine strain, status post motor vehicle accident April 2006, status post right carpal tunnel release, right elbow strain, bilateral carpal tunnel syndrome, paravertebral thoracic neuralgia, myofasciitis, situational/reactive depression, and lower extremity neuropathic pain and hyperreflexia associated with an industrial injury date of September 12, 2002. The medical records from 2007-2014 were reviewed. The patient complained of thoracic and lumbar spine pain. There was severe increase in right leg pain. The spasms were present as well. There was bilateral upper extremity tingling, which was episodic. The physical examination showed pain with minimal flexion, extension, and rotation of the thoracic spine. There was also pain at the spinal cord stimulation surgical site, which was also the site of her previous laminectomy. The lower extremities were sensitive to touch and pressure, right leg more than the left. The deep tendon reflexes were hyperreflexic. There was a positive Babinski sign. The motor strength to right dorsiflexion was decreased with associated foot drop. The cervical spine exam showed moderate to severe myofasciitis, which extends down the thoracic column. An MRI of the lumbar spine, dated September 17, 2012, revealed small spinal canal with mild central canal narrowing at L4-L5; low-T1, high-T2 subcutaneous signal focus along the superior left gluteal region, probably post-surgical in nature. An MRI of the thoracic spine done on the same date showed degenerative disc disease at T8-T9 and T10-T11, without evidence of spinal stenosis; subcutaneous post-surgical changes posteriorly from T8 to T10. The treatment to date has included medications, physical therapy, activity modification, thoracic spine surgery, right carpal tunnel release, spinal cord stimulator, and trigger point injections. The utilization review, dated January 29, 2014 denied the request for one (1) MRI of the cervical, thoracic and lumbar spine without contrast, because it was not clear

as to how much the revision of the spinal cord stimulator has contributed to the patient's symptoms. The request for Zanaflex 4mg #120 was denied as well, because there was no acute nature of the spasms and guidelines only recommend short duration of its use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) MRI of the cervical, thoracic, and lumbar spine, without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints), (2004), page 303 and 308, and on the Non-MTUS Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303-304, and on the Official Disability Guidelines (ODG), Neck and Upper Back chapter, Magnetic resonance imaging (MRI); and Low Back Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that imaging of the cervical spine is recommended for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommend an MRI for the cervical spine for chronic neck pain after three (3) months conservative treatment. As for the thoracic and lumbar MRI, the MTUS/ACOEM Guidelines indicate that imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, the Official Disability Guidelines recommend an MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least one (1) month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, the rationale of the request was to determine the origin of the continued pain and neurologic symptoms involving the spine. The patient has episodic bilateral upper extremity tingling and moderate to severe myofasciitis in the cervical spine which extends down the thoracic column. She also presented with thoracic and lumbar spine pain with right lower extremity radiculopathy. An MRI of the lumbar spine dated September 17, 2012 revealed small spinal canal with mild central canal narrowing at L4-L5, while an MRI of the thoracic spine done on the same date showed absence of spinal stenosis. There is evidence of nerve compromise for the cervical and lumbar spine. However, there is no documentation of new injury or trauma, and there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing an MRI. Also, there is no documentation of treatment and failure of conservative therapy. Therefore, request for is not medically necessary.

**Zanaflex 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 299, 181, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. They also show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The guidelines also indicate that Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity and myofascial pain. In this case, the patient has been using Zanaflex since August 2013 and has been helping the patient reduce the myofasciitis secondary to her degenerative disc disease. However, the guidelines do not support long term use of Zanaflex. The medical necessity has not been established. Therefore, the request is not medically necessary.