

Case Number:	CM14-0015430		
Date Assigned:	02/28/2014	Date of Injury:	08/26/2011
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Maryland. 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 30-year-old female who sustained an injury to her neck on 08/26/11 which developed after switching workstations. She was treated with time off, medications, Cortisone injection, sling, physical therapy, muscle relaxers and diagnostic testing. The clinical note dated 12/19/13 reported that she subsequently underwent surgical intervention for her shoulder condition. Physical examination of the cervical spine noted tenderness to palpation of the paracervical, levator scapulae, medial trapezius and periscapular muscles; positive spasm in the levator scapulae and trapezius detected; no evidence of torticollis or crepitus; range of motion flexion 30°, extension 30°, right lateral bending 25°, left lateral bending 20° right rotation 60°, left rotation 65°; Spurling's sign positive; reflexes 2+ throughout the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Magnetic Resonance Imaging (MRI) Page(s): 26-27.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that there were no significant 'red flag' signs in the 12/18/13 report and the documentation failed to provide a cervical spine examination. MRI performed on 12/23/13 revealed no significant findings. After review of the 12/19/13 clinical note, there was no indication of decreased motor strength, increased reflex or sensory deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no focal neurological deficits. There were no additional significant 'red flags' identified that would warrant a repeat study. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the cervical spine has not been established.

FLEXERIL: 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 Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flexeril;½ (Cyclobenzaprine)

Decision rationale: The request for Flexeril is not medically necessary. The submitted clinical records indicate the injured worker has chronic cervical pain. Physical examination does not document cervical myospasm for which this medication would be indicated. As such the medical necessity for the continued use of this medication has not been established.