

<b>Case Number:</b>	CM14-0019669		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Physical Medicine and Rehabilitation, 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 48-year-old female who reported an injury on 08/27/2010 after an assault. The injured worker reportedly sustained injuries to multiple body parts and suffered emotional distress. The injured worker was evaluated on 01/06/2014. It was documented that the injured worker complained of neck pain radiating into the bilateral upper extremities. It was also noted that the injured worker complained of low back pain radiating into the bilateral lower extremities. Physical findings included tenderness of the cervical spine. Evaluation of the lumbar spine resulted in tenderness to palpation of the lumbosacral musculature with a negative straight leg raising test and restricted range of motion secondary to pain. The injured worker's diagnoses included cervical spine sprain/strain with radiculopathy and lumbosacral strain/sprain with bilateral lower extremity radiculopathy, right elbow lateral epicondylitis, stress, anxiety, and depression. A request was made for an MRI of the lumbar spine, an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the right upper extremity and left upper extremity, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends MRIs of the lumbar spine when there is evidence upon evaluation of neurological dysfunction that requires further evaluation. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints of the lumbar spine with subjective complaints of radiating pain into the bilateral lower extremities. However, objective findings to support the injured worker's complaints are not provided. The injured worker has a negative straight leg raising test and no documentation of weakness or sensory deficits. Therefore, the need for an MRI is not clearly indicated. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

**FEXMID 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not recommend muscle relaxants in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on muscle relaxants for at least 6 months. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not indicate that the injured worker is experiencing an acute exacerbation of chronic pain. Additionally, as the injured worker has been on this medication for an extended period of time, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fexmid 7.5 mg #60 is not medically necessary or appropriate.