

<b>Case Number:</b>	CM14-0114963		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 physical exam of the cervical spine revealed palpable C2-3 rotation to the left with tenderness. Strength was rated at 5/5, sensation was noted to be intact, and reflexes were 2+. In addition, the injured worker presented with negative Spurling's and Hoffmann's sign. The cervical spine range of motion revealed extension to 5 degrees, right lateral flexion to 20 degrees, left lateral flexion to 30 degrees, right rotation to 50 degrees, and left rotation to 40 degrees. In addition, there was noted trigger point tenderness at C2-3 and C5-6. The physician indicated that the cervical ESI was requested to help provide relief from the increase in headache pain and bilateral upper extremity numbness. The Request for authorization for cervical epidural injection C6-7 and Flexeril 10 mg count 90 was submitted on 07/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Injection C6-C7.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Criteria for the use of epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and injections should be performed using fluoroscopy (live x-ray) for guidance. The clinical information provided for review lacks documentation related to the injured worker's neurological deficits. The injured worker's reflexes, strength, and sensation were noted to be within normal limits. In addition, the injured worker presented with negative Hoffmann's and Spurling's sign. The clinical information lacks documentation of radiculopathy upon physical examination and is not corroborated by imaging studies and/or electrodiagnostic testing. In addition, the request as submitted failed to provide for the use of fluoroscopy with administration. Therefore, the request for Cervical Epidural Injection C6-C7 is not medically necessary.

**Flexeril 10 mg, count 90.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation [http://www.odg-twc.com/odg-twc/low\\_back.htm](http://www.odg-twc.com/odg-twc/low_back.htm).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The California MTUS Guidelines recommend Cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical information provided for review indicates the injured worker has utilized Flexeril prior to 01/2014. There is a lack of documentation related to the functional therapeutic benefit in the ongoing utilization of Cyclobenzaprine. In addition, the guidelines recommend Flexeril using a short course of therapy. In addition, the request as submitted failed to provide for frequency and duration for use. Therefore, the request for Flexeril 10 mg, count 90 is not medically necessary.