

Case Number:	CM14-0139670		
Date Assigned:	09/05/2014	Date of Injury:	05/28/2014
Decision Date:	10/21/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/28/2014

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 & Rehabilitation, 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:

This is a 42-year-old female who sustained a remote industrial injury on 05/28/14 diagnosed with sciatica and displacement of cervical intervertebral disc without myelopathy. Mechanism of injury occurred when the patient slipped on a plastic mat and fell on concrete, causing pain in the tailbone, neck, back, right leg, and had. The requests for MRIs of the lumbar spine with no contrast and cervical spine with no contrast were non-certified at utilization review due to the lack of documentation of a significant alteration and function of a nerve root, the lack of documentation of subjective/objective findings indicative of a dermatomal distribution of pain and numbness, and lack of documentation of any of the conditions that necessitate the use of an MRI, such as a fracture, tumor, or infection. The request for Cyclobenzaprine HCL 10mg #15 was also non-certified at utilization review due to the lack of documentation of objective findings of muscle spasm and the recommended short-term use of Cyclobenzaprine. The most recent progress note provided is 09/26/14. Patient complains primarily of paresthesia in the neck that shoots down the arms and radiculopathy in the legs starting from the sacral area. Physical exam findings reveal a positive straight leg raise and deep tendon reflexes are 1+ in the bilateral upper and lower extremities. Current medications include: Vicodin 5/300mg one tablet as needed twice a day, Cyclobenzaprine HCL 10mg one tablet every night, and Naproxen sodium 550mg one tablet twice a day. It is noted that a pain consultation is pending. Provided documents include previous progress reports that reveal the patient has been prescribed Flexeril since 06/17/14, notices of certification, work status reports, and chiropractic therapy notes. On 07/07/14, Flexeril was approved and on 08/14/14, MRIs of the cervical and lumbar spine with no contrast were approved. The patient's previous treatments include chiropractic's and medications. Imaging reports provided include an x-ray of the lumbosacral spine, performed on 06/04/14. The impression of this x-ray is unremarkable.

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 with no contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

Decision rationale: According to ACOEM criteria, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, provided documentation highlights that an MRI of the lumbar spine with no contrast was approved on 08/14/14. As this request has already been authorized, additional authorization does not appear to be medically necessary. Thus, the request for MRI of the lumbar spine with no contrast is not medically necessary.

Cyclobenzaprine HCL 10mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The medical necessity of Cyclobenzaprine is compared to MTUS criteria. According to MTUS guidelines on Flexeril, "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better." Provided documentation does not meet MTUS criteria because use is outside of the acute setting as the recommended use of Cyclobenzaprine and other muscle relaxants is for short duration and documentation reveals the patient has taken Flexeril since 06/17/14. Further, documentation does not identify the presence of spasticity and there is no documentation of significant functional/vocational benefit with the use of Cyclobenzaprine. Lastly, the dosing frequency of the requested medication is not specified in the request. For these reasons, medical necessity is not established and the request for Cyclobenzaprine HCL 10mg #15 is not medically necessary.

MRI of the cervical spine with no contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: According to ACOEM criteria, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, provided documentation highlights that an MRI of the cervical spine with no contrast was approved on 08/14/14. As this request has already been authorized, additional authorization does not appear to be medically necessary. Thus, the request for MRI of the cervical spine with no contrast is not medically necessary.