

Case Number:	CM14-0170479		
Date Assigned:	10/20/2014	Date of Injury:	08/31/2004
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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 Pain Management 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:

This 33 year-old patient sustained an injury on 8/31/2004 when his right hand was caught in equipment while employed by [REDACTED]. Request(s) under consideration include CT scan, cervical spine and Flexeril 7.5mg #90. Injury resulted in right wrist fracture with subsequent carpal tunnel syndrome. Diagnoses include chronic cervicgia and bilateral upper extremity radiculopathic pain; s/p CTR in 2005, RSD of upper extremity with SCS placement in 2012, and chronic pain syndrome. Medications list Cymbalta, Gabapentin, Norco, Clonidine, Flexeril, Protonix, and Xanax. Reports of 3/17/14, 4/14/14, 7/8/14, 8/26/14 and 9/17/14 from the provider noted the patient with ongoing chronic complaints with anxiety without neurological clinical deficits defined related to cervical spine area. Report of 9/25/14 noted patient was authorized for MRI of cervical spine. The patient is s/p left sympathetic block on 8/15/14 without benefit. Exam of neck showed paraspinal tenderness; pain on range; with negative foraminal closure tests bilaterally; diffuse decreased strength in right upper extremity with allodynia and hyperesthesia from CRPS. Diagnoses included RSD upper extremity; chronic pain syndrome; long-term use of medications. CT scan of cervical to evaluate for ongoing symptoms and to rule out disc herniation. The request(s) for CT scan, cervical spine and Flexeril 7.5mg #90 were non-certified on 10/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, cervical spine: 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), Treatment Index, 12 Edition (web), 2014, Upper Back and Neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

Decision rationale: This 33 year-old patient sustained an injury on 8/31/2004 when his right hand was caught in equipment while employed by [REDACTED]. Request(s) under consideration include CT scan, cervical spine and Flexeril 7.5mg #90. Injury resulted in right wrist fracture with subsequent carpal tunnel syndrome. Diagnoses include chronic cervicgia and bilateral upper extremity radiculopathic pain; s/p CTR in 2005, RSD of upper extremity with SCS placement in 2012, and chronic pain syndrome. Medications list Cymbalta, Gabapentin, Norco, Clonidine, Flexeril, Protonix, and Xanax. Reports of 3/17/14, 4/14/14, 7/8/14, 8/26/14 and 9/17/14 from the provider noted the patient with ongoing chronic complaints with anxiety without neurological clinical deficits defined related to cervical spine area. Report of 9/25/14 noted patient was authorized for MRI of cervical spine. The patient is s/p left sympathetic block on 8/15/14 without benefit. Exam of neck showed paraspinal tenderness; pain on range; with negative foraminal closure tests bilaterally; diffuse decreased strength in right upper extremity with allodynia and hyperesthesia from CRPS. Diagnoses included RSD upper extremity; chronic pain syndrome; long-term use of medications. CT scan of cervical to evaluate for ongoing symptoms and to rule out disc herniation. The request(s) for CT scan, cervical spine and Flexeril 7.5mg #90 were non-certified on 10/7/14. Per ACOEM Treatment Guidelines, criteria for ordering imaging studies such as the requested CT scan of the cervical spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Cervical spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan, cervical spine is not medically necessary and appropriate.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 33 year-old patient sustained an injury on 8/31/2004 when his right hand was caught in equipment while employed by [REDACTED]. Request(s) under consideration include CT scan, cervical spine and Flexeril 7.5mg #90. Injury resulted in right

wrist fracture with subsequent carpal tunnel syndrome. Diagnoses include chronic cervicgia and bilateral upper extremity radiculopathic pain; s/p CTR in 2005, RSD of upper extremity with SCS placement in 2012, and chronic pain syndrome. Medications list Cymbalta, Gabapentin, Norco, Clonidine, Flexeril, Protonix, and Xanax. Reports of 3/17/14, 4/14/14, 7/8/14, 8/26/14 and 9/17/14 from the provider noted the patient with ongoing chronic complaints with anxiety without neurological clinical deficits defined related to cervical spine area. Report of 9/25/14 noted patient was authorized for MRI of cervical spine. The patient is s/p left sympathetic block on 8/15/14 without benefit. Exam of neck showed paraspinal tenderness; pain on range; with negative foraminal closure tests bilaterally; diffuse decreased strength in right upper extremity with allodynia and hyperesthesia from CRPS. Diagnoses included RSD upper extremity; chronic pain syndrome; long-term use of medications. CT scan of cervical to evaluate for ongoing symptoms and to rule out disc herniation. The request(s) for CT scan, cervical spine and Flexeril 7.5mg #90 were non-certified on 10/7/14. Per ACOEM Treatment Guidelines, criteria for ordering imaging studies such as the requested CT scan of the cervical spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Cervical spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan, cervical spine is not medically necessary and appropriate.