

<b>Case Number:</b>	CM14-0025670		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine 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 patient is a 46 year old male who had a work injury dated 9/23/09. The mechanism of injury occurred when the patient was running the dozer at work and was backing up when he hit a rock on the left side and his head slammed three to four times, injuring his back, causing him back pain which radiated to his lower extremities. The diagnoses include cervical disc disease, cervical radiculopathy, and status post lumbar laminectomy. A 12/6/13 pain management consultation revealed that the patient complains of pain in the neck which he rates on a pain scale at 4/10. The pain is described as sharp and burning and radiating down to the bilateral shoulders and into the elbows. The patient also complains of once in a while pain in his back which he rates on a pain scale at 2/10. The physical exam reveals that the patient ambulates with a wide-based gait. He has difficulty with the Heel-toe walk bilaterally. The cervical spine exam revealed moderate tenderness and spasm in the cervical paraspinal muscles extending to the bilateral trapezius muscles right greater than left. Axial head compression test and Spurling's tests are positive bilaterally. There is facet tenderness from C3 through C7. Cervical ranges of motion are restricted. There is decreased sensation along the bilateral C5 and C6 dermatomes, as well as on the right C7 dermatome. Motor strength is 5/5 throughout with the exception of 4/5 for the elbow flexors bilaterally and right shoulder abductor. The lumbar spine examination reveals moderate facet tenderness and positive straight leg raise test bilaterally in the seated and supine positions. Lumbar ranges of motion are restricted. Lower extremity strength and sensation were intact. The treatment plan includes a request for authorization for bilateral C4-C5 and C5-C6 transfacet epidural steroid injection x2. The provider states that the patient has radicular symptoms on physical examination. He has nerve root compression and neuroforaminal stenosis on MRI. He has failed conservative treatment including physical therapy, chiropractic treatment,

oral medications, rest and home exercise program. MRI examination of the cervical spine on 5/17/13 revealed the following. At C4-5, a diffuse disc protrusion effaces the thecal sac. There was bilateral neural foraminal stenosis that encroaches on the left and right C5 exiting nerve roots. At C5-6, there was a focal right paracentral disc extrusion with craniocaudal extension indenting the thecal sac and spinal cord. There was stenosis of the neuroforamina bilaterally that effaces the left and encroaches on the right C6 exiting nerve roots. There is a request for bilateral C4-5 and C5-6 transfacet epidural steroid injections x 2.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BILATERAL C4-C5 AND C5-C6 TRANSFACET EPIDURAL STEROID INJECTION TIMES TWO: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** Bilateral C4-5 and C5-6 transfacet epidural steroid injections x 2 are not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that for diagnostic injections a second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks. The request for bilateral C4-5 and C5-6 transfacet epidural steroid injections x 2 not medically as injections should not be repeated without efficacy of the first set of injections.

#### **FLEXERIL 7.5MG ONE PO TID #90: 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); ANTISPASMODICS Page(s): 41-42; 6.

**Decision rationale:** Flexeril 7.5mg one po TID #90 is not medically necessary per the California MTUS guidelines. Per the California MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. The request exceeds the 2-3 week California MTUS recommended guideline. The request for Flexeril 7.5mg one po TID #90 is not medically necessary.

