MAXIMUS Federal Services

Case Number:	CM14-0028259		
Date Assigned:	04/07/2014	Date of Injury:	02/16/2012
Decision Date:	08/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & 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 49-year-old female who reported an injury on 02/16/2012. The mechanism of injury was cumulative trauma. The patient's diagnoses include cervical radiculopathy, myofascial pain, and sacroiliac joint dysfunction, postop disc replacement of the C3-4. Her previous treatments include physical therapy, medication, injections, and surgery. Per the clinical note dated 12/19/2013, the injured worker had complaints of right neck, arm pain, and right buttock pain. She reported the pain level to be a 5-6/10. On objective findings, the physician reported she had a positive Spurling's test for significant neck pain, sensation to the upper extremities were intact, and the muscle strength reflexes revealed right triceps hyperreflexia. The treatment plan included a recommendation for a right C7 transforaminal epidural steroid injection to treat her right neck pain and upper extremity radicular pain and prescriptions for tramadol, Neurontin, and Norflex which are helpful for pain management. Within the most recent clinical note dated 04/23/2014, she had complaints of cervical spine pain and reported she had a spinal fusion and artificial disc replacement. The physician reported that an x-ray taken on the day of the appointment revealed a very solid fusion at the C4-5 and C5-6. There was an anterior interbody fusion which was 1 solid block of bone. The level below shows only minimal changes. On physical examination of the cervical spine, the physician reported that the cervical lordosis was decreased and spasms were absent in the paravertebral muscles; however, increased muscle tonus was present at the C3-7. The physician also reported there was tenderness on the paravertebral muscles, full range of motion of the shoulders, and atrophy of the small muscles of the hand not seen. The current request is for epidural steroid injection at the right C7 and Norflex 100 mg with rationale not provided. The request for authorization was provided in the medical records dated 06/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT RIGHT C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines state that for epidural steroid injections radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. It is also indicated that therapeutic, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of pain medication for 6 to 8 weeks. The documentation provided on physical examination did not indicate signs of radiculopathy and there were no imaging studies and/or electrodiagnostic testing provided to corroborate with to support the request. As such, the request for epidural steroid injection right C7 is not medically necessary.

NORFLEX 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 62-65.

Decision rationale: The California MTUS Guidelines indicate nonsedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The clinical documentation provided indicated the patient was having complaints of muscle spasms in her cervical spine. However, the documentation failed to provide documentation that the patient had decreased spasms and functional improvement. Muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also indicate that muscle relaxers are not recommended for long-term use. Due to the lack of documentation indicating the effect of the Norflex in reducing pain and muscle tension and increasing mobility and the current request fails to indicate the frequency the medication is to be administered, the request would not be medically necessary.