

Case Number:	CM14-0031697		
Date Assigned:	07/23/2014	Date of Injury:	03/22/2012
Decision Date:	08/27/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 55 year-old patient sustained an injury on 3/22/12 while employed by [REDACTED]. Request(s) under consideration include Flexeril 7.5mg #90 and Cervical Epidural Steroid Injection. Diagnoses include cervical radiculopathy to right upper extremity/ disc protrusion at C5-6; right shoulder acromioclavicular joint inflammation/ impingement and tendinitis; and possible carpal tunnel syndrome. Report of 2/5/14 from the provider noted the patient with neck pain radiating to right upper extremity with weakness in right arm. Exam showed cervical range of flex/ext/rotation of 40/20/60 degrees respectively; right-sided tenderness and spasm; right trapezial muscle tenderness and spasm; weakness in biceps/triceps and wrist extensor of right upper extremity consistent with radiculopathy. MRI of cervical spine dated 1/21/14 showed 3 mm disc protrusion at C5-6 and 2 mm disc bulge at C4-5 and C6-7. Treatment plan included PT, epidural steroid injections for neck, medications, and modified duties. Report of 2/17/14 noted ongoing pain complaints in the right shoulder and arm. Exam showed weakness in the right upper extremity; reduced cervical range; spasm; and neurologic deficit. Request(s) for Flexeril 7.5mg #90 was modified for quantity of #20 and Cervical Epidural Steroid Injection was modified for injection at right C5-6 and C6-7 on 3/6/14 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:

FLEXERIL 7.5MG #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 Muscle relaxants Page(s): 128.

Decision rationale: This 55 year-old patient sustained an injury on 3/22/12 while employed by [REDACTED]. Request(s) under consideration include Flexeril 7.5mg #90 and Cervical Epidural Steroid Injection. Diagnoses include cervical radiculopathy to right upper extremity/ disc protrusion at C5-6; right shoulder acromioclavicular joint inflammation/ impingement and tendinitis; and possible carpal tunnel syndrome. Report of 2/5/14 from the provider noted the patient with neck pain radiating to right upper extremity with weakness in right arm. Exam showed cervical range of flex/ext/rotation of 40/20/60 degrees respectively; right-sided tenderness and spasm; right trapezial muscle tenderness and spasm; weakness in biceps/triceps and wrist extensor of right upper extremity consistent with radiculopathy. MRI of cervical spine dated 1/21/14 showed 3 mm disc protrusion at C5-6 and 2 mm disc bulge at C4-5 and C6-7. Treatment plan included PT, epidural steroid injections for neck, medications, and modified duties. Report of 2/17/14 noted ongoing pain complaints in the right shoulder and arm. Exam showed weakness in the right upper extremity; reduced cervical range; spasm; and neurologic deficit. Request(s) for Flexeril 7.5mg #90 was modified for quantity of #20 and Cervical Epidural Steroid Injection was modified for injection at right C5-6 and C6-7 on 3/6/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Flexeril 7.5mg #90 is not medically necessary and appropriate.

CERVICAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8.

Decision rationale: This 55 year-old patient sustained an injury on 3/22/12 while employed by [REDACTED]. Request(s) under consideration include Flexeril 7.5mg #90 and Cervical Epidural Steroid Injection. Diagnoses include cervical radiculopathy to right upper extremity/ disc protrusion at C5-6; right shoulder acromioclavicular joint inflammation/ impingement and tendinitis; and possible carpal tunnel syndrome. Report of 2/5/14 from the provider noted the patient with neck pain radiating to right upper extremity with weakness in right arm. Exam showed cervical range of flex/ext/rotation of 40/20/60 degrees respectively;

right-sided tenderness and spasm; right trapezial muscle tenderness and spasm; weakness in biceps/triceps and wrist extensor of right upper extremity consistent with radiculopathy. MRI of cervical spine dated 1/21/14 showed 3 mm disc protrusion at C5-6 and 2 mm disc bulge at C4-5 and C6-7. Treatment plan included PT, epidural steroid injections for neck, medications, and modified duties. Report of 2/17/14 noted ongoing pain complaints in the right shoulder and arm. Exam showed weakness in the right upper extremity; reduced cervical range; spasm; and neurologic deficit. Request(s) for Flexeril 7.5mg #90 was modified for quantity of #20 and Cervical Epidural Steroid Injection was modified for injection at right C5-6 and C6-7 on 3/6/14. MRI report noted minimal canal stenosis at C5-6 and no canal or neural foraminal stenosis at all other levels. The orthopedic provider had request for CESI without specific location/levels, deferring to pain management; however, there is no report submitted from pain management provider for specific on CESI. The patient was certified for 2 level CESI at right C5-6 and C6-7 and it is unclear from submitted reports what other level or site is/are being appealed. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The patient had undergone previous injections most recently certified in March 2014; however, submitted reports have not adequately demonstrated any significant pain relief or functional improvement from multiple prior injections rendered. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged with the patient with unchanged functional status. The Cervical Epidural Steroid Injection is not medically necessary and appropriate.