

<b>Case Number:</b>	CM14-0073884		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Illinois. 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 31-year-old female who reported an injury on 07/10/2010. The injured worker had a history of neck pain that radiated to the arm with numbness and tingling to the hand. The diagnoses included a cervical disk herniation, protrusion at the C3-4, C4-5 and C5-6 with bilateral neural foraminal stenosis and upper extremity neuropathy. Also note with thoracic spinal ligamentous strain/sprain, herniated nucleus pulposus at the L4-5 and L5-S1 and a herniated nucleus pulposus at the C5-6. The past treatments included physical therapy, 8 sessions of acupuncture, 6 sessions of chiropractic therapy, cervical epidural steroid injection and traction unit. The MRI dated 05/21/2010 revealed no extruded cervical disc herniation, central or foraminal stenosis. The MRI dated 10/20/2010 of the cervical spine did not provide results. The MRI dated 06/19/2014 revealed partial loss of lordotic curve at the C2-5, mild disc desiccation at the C3-4, and C5-6, a posterior disc protrusion and C6-7 and a posterior disc protrusion to the bilateral paracentral extension and facet arthropathy noted. No surgical history provided. The physical examination dated 07/15/2014 of the cervical spine revealed a positive Spurling's test on the right. The motor strength revealed weakness to the right wrist extensor and biceps. The reflexes were a 2+ in the biceps and 1+ in the brachial radius to the right. Homan's sign was negative. The range of motion revealed flexion at 40/50 degrees, extension at 10/60 degrees, right rotation at 45/80, left rotation at 45/80 degrees, right lateral bend at 10/45 and a left lateral bend at 20/45. The medication included Flexeril and Nucynta, with a reported pain of 8 over 10 using the VAS. The treatment plan included an anterior cervical discectomy and fusion at the C5-6, with possible bone graft, post-operative cervical rehabilitation and to continue medication regimen. The rationale for the MRI was not provided. The rationale for the Flexeril was to take the injured worker off the Norco. The Request for Authorization was dated 07/16/2014 was submitted with documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The MRI of the cervical spine is not medically necessary. The California ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing or bone scans. Per documentation provided, the treatment plan is to include a surgical anterior dissection. The injured worker had prior MRIs dated 10/20/2010, 05/21/2012, and 06/19/2014. The request did not address what the exact location of the cervical spine the MRI was to scan. As such, the request for another MRI is not medically necessary.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

**Decision rationale:** The request for Flexeril 10 mg #90 is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine is considered a short term of therapy. Flexeril is more effective than placebo in the management of back pain. However, the effect is modest and comes at the price of greater adverse effects. The effect is greater in the first 4 days of treatment, suggesting that shorter courses may be better. Medication is not recommended to be used longer than 2 to 3 weeks. Per the clinical notes, the injured worker's pain remains at an 8 out of 10 which have increased from her initial report of 6/10. The documentation was not evident of the length of time that the injured worker had been taking the Flexeril. The request did not address the frequency or the daily dosage. As such, the request is not medically necessary.