

<b>Case Number:</b>	CM14-0077075		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

The injured worker is a 37-year-old male who reported an injury on 04/22/2008. The mechanism of injury was noted to be a fall. He was noted to have prior treatments epidural steroid injections, medications, and physical therapy. His diagnosis was noted to be lumbar discogenic disease with radicular loss at L4 and L5. He was noted to have diagnostic testing of EMG and CT scans. He was noted to have extreme stiffness in his low back pain that radiated down his right leg. He also complained of pain in the mid thorax right at the T5-6 level. Additional pain was noted in the thoracic spine down to the anterior chest at the T5 level. He noted numbness in his right leg with shooting pain going down his right leg if he moves just the wrong way. He stated he gets numbness with shooting pain. The physical examination noted pain at the end of flexion in the lumbar spine. He was noted to walk with an antalgic, shuffling gait. He could not stand on his toes or his heels. He had weakness on the right side. It is noted within the documentation on 04/30/2014, the injured worker had a MRI of the lumbar spine. It was recommended for the injured worker to continue medications. Recommendations for thoracic MRI to rule out thoracic disc disease. The provider's rationale was within the request. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for Acupuncture, lumbar spine is not medically necessary. The California MTUS Guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The clinical documentation provided does not support reduced pain medication or an adjunct for physical rehabilitation. The injured worker was not noted to have inflammation. As such, the request for Acupuncture, lumbar spine is not medically necessary

**MRI of thoracic spine QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 45.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI of thoracic spine QTY:1 is not medically necessary. The California MTUS/ American College of Occupational and Environmental Medicine state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients that do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult, nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The clinical evaluation lacks evidence of tissue insult or neurovascular dysfunction. It is not noted that the injured worker had failure to progress in a strengthening program intended to avoid surgery. As such, the request for MRI of thoracic spine QTY:1 is not medically necessary.

**Cyclobenzaprine 10mg QTY:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

**Decision rationale:** The request for Cyclobenzaprine 10mg QTY:60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state antispasmodics are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is

present or not. The mechanism of action for most of these agents is not known. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended to be used for longer than 2 to 3 weeks. In addition to the guidelines, the request fails to indicate a dose frequency. Therefore, the request for Cyclobenzaprine 10mg QTY:60 is not medically necessary.