

<b>Case Number:</b>	CM14-0053915		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 63-year-old female with a date of injury of 10/23/2010. According to the progress report dated 03/19/2014, the patient presents with continued low back, neck, head, and shoulder pain. The patient complains of neck pain that radiates down to the right shoulder and her left upper extremity. Pain is reported a 9/10 on VAS pain scale without medications. The patient is currently utilizing Norco for breakthrough pain and Flexeril for muscle spasms. Physical examination of the cervical spine revealed decreased range of motion in flexion at 10 degrees and extension at 15 degrees. Spurling's maneuver elicits radicular symptoms. Muscle tone of the trapezius is increased, and there is palpable tenderness. There is spinous process tenderness of C5, C6, and C7. Paravertebral muscle examination of both sides shows tenderness. Grip strength is decreased in the left compared to the right. MRI of the cervical spine without contrast dated 01/07/2011 revealed cervical spondylosis with multilevel disk desiccation with bulges and small protrusion at C5-C6. At C4-C5, there is a 2-mm disk bulge. Moderate to severe left foraminal stenosis due to uncinate hypertrophy and facet spurring is noted. At C5-C6, there is a 2-mm disk bulge with right paracentral annular fissure and protrusion causing mild central canal stenosis. At C6 to C7, there is 1.5-mm disk bulge and moderate left neuroforaminal stenosis due to uncinate hypertrophy. The request is for a C5-C6 cervical epidural injection and Flexeril 5 mg #30. The utilization review denied the request on 04/07/2014. Treatment reports from 01/08/2014 through 03/19/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 Cervical Epidural Steroid Injections, each additional level, Cervical Epidurogram, Insertion of Cervical catheter, Fluoroscopic Guidance with IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for C5-C6 cervical epidural steroid injection, each additional level, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance with IV sedation. The MTUS Guidelines has the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain, defined as pain in the dermatomal distribution with corroborative findings of radiating symptoms. In this case, the patient does have positive Spurling's test and some documentation of radicular symptoms, but the MRI from 2011 revealed at C5 to C6 a 2-mm disk bulge with "mild" central canal stenosis. The findings on the MRI are described as mild and unlikely explains the patient's upper extremity symptoms. MTUS further states that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The requested Cervical Epidural Steroid Injection is not medically necessary.

**Flexeril 5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63,64.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Flexeril 5 mg #30. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAID and pain with overall improvement. Efficacy appears to diminish overtime. Prolonged use of some medication in this class may lead to dependence." It is unclear when the patient was first prescribed this medication, but the current request is for a refill. In this case, the treating physician has recommended a refill of #30 and MTUS Guidelines supports only a short course of therapy, not longer than 2 to 3 weeks. The requested Flexeril is not medically necessary.