MAXIMUS Federal Services

Case Number:	CM15-0104877		
Date Assigned:	06/09/2015	Date of Injury:	11/09/2012
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 59 year old female, who sustained an industrial injury on 11/9/12. She reported pain in her neck and right shoulder related to cumulative trauma. The injured worker was diagnosed as having cervical radiculopathy and status post right shoulder subacromial decompression. Treatment to date has included right shoulder surgery and post-op physical therapy. Current medications include Neurontin, Motrin, Prilosec and Flexeril. As of the PR2 dated 5/11/15, the injured worker reports pain in her neck and right arm. Objective findings include attenuated cervical range of motion and tenderness in the paracervical region. The treating physician requested a C4-C5 steroid injection and Flexeril 5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical steroid injection C4-5: Overturned

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.

Decision rationale: The patient presents with neck pain, which radiates into the right arm. The current request is for Cervical Steroid Injection C4-5. The treating physician states in the report dated 5/11/15; I am recommending a cervical epidural at C4-5 on the right in an effort to avoid spinal surgery. (11B) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy, which has been documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has documented that the patient has radicular symptoms and MRI report from 1/20/15 showed C4-5 Grade I retrolisthesis with mild stenosis and moderate bilateral foraminal narrowing. The treating physician also documents that the patient is experiencing tingling and numbing. The current request is medically necessary.

Flexeril 5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with neck pain, which radiates into the right arm. The current request is for Flexeril 5mg #90. The treating physician states in the report dated 5/19/15, Medication prescribed: Flexeril 5mg take 1 tab tid prn #90. (22B) The MTUS guidelines state: recommended as an option, using a short course of therapy. Treatment should be brief. In this case, the treating physician has not previously prescribed this medication to the patient and did not prescribe it again in the following visit, adhering to the MTUS guideline short course of therapy. The current request is medically necessary.