

Case Number:	CM15-0131352		
Date Assigned:	07/17/2015	Date of Injury:	01/13/2010
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old female patient who sustained an industrial injury on 01/13/2010. A recent orthopedic follow up dated 06/17/2015 reported the patient with subjective complaint of having ongoing neck and upper extremity pains. She continues to struggle with burning sensation in the bilateral forearms. She states with the use of Norco the pain level is decreased from a 9 in intensity down to a 5 in intensity out of 10. In addition she is utilizing Relafen, Cymbalta, Zanaflex, and Flexeril. Objective assessment showed significant tenderness to palpation of the cervical spine and upper trapezius muscle trigger point areas bilaterally. She is also with decreased sensation over the radial side of bilateral forearms. The following diagnoses were applied: neck pain; thoracic spine pain; lumbar spine pain, left knee pain; depression/anxiety, and non-industrial breast cancer. Diagnostic testing noted with following results: bilateral upper extremity electric nerve conduction study 09/09/2013 found chronic left C5 radiculopathy with mild right carpal tunnel syndrome; Magnetic resonance imaging study done on 04/29/2013 showed a severe artifact at C4-5 and pedicle screws at C5-6, C6-7; there appears to be arthroplasty at C4-5. Surgical history showed the patient had undergone: 03/2012 status post cervical fusion; 09/15/2014 status post partial hardware removal. The patient is documented as allergic to: Effexor and Gabapentin as mental confusion occur. The patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at the C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record lacks sufficient documentation and does not support a referral request. Bilateral transforaminal epidural steroid injection at the C5-C6 is not medically necessary.

Zanaflex 4mg quantity 60 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4mg quantity 60 with three refills is not medically necessary.