

<b>Case Number:</b>	CM15-0135765		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/06/2005
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Emergency 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:

This 48 year old male sustained an industrial injury to the left shoulder and neck on 5/6/05. Documentation did not disclose previous magnetic resonance imaging results. Previous treatment included cervical discectomy and fusion (undated), physical therapy, acupuncture, chiropractic therapy, myofascial therapy and medications. In a qualified medical evaluation dated 1/16/15, the physician noted that the orthopedic surgeon had recommended an updated magnetic resonance imaging cervical spine. In a PR-2 dated 6/2/15, the injured worker complained of ongoing constant neck pain, rated 8/10 on the visual analog scale, with muscle spasms and cramps across his shoulder girdle area. The injured worker reported 50% reduction in pain and 50% functional improvement with activities of daily living using medications. Physical exam was remarkable for cervical spine with tenderness to palpation, muscles spasms, limited range of motion in all planes, positive cervical compression test with pain radiation into the right shoulder blade and intact upper extremity motor strength, sensation and deep tendon reflexes. Current diagnoses included status post anterior and posterior cervical discectomy and fusion from C5-6, myofascial neck pain, insomnia, muscle spasms and left hand carpal tunnel syndrome. The treatment plan included an updated magnetic resonance imaging cervical spine and continuing medications (Zanaflex and Mobic).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine with and without contrast: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested MRI cervical spine with and without contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has constant neck pain, rated 8/10 on the visual analog scale, with muscle spasms and cramps across his shoulder girdle area. The injured worker reported 50% reduction in pain and 50% functional improvement with activities of daily living using medications. Physical exam was remarkable for cervical spine with tenderness to palpation, muscles spasms, limited range of motion in all planes, positive cervical compression test with pain radiation into the right shoulder blade and intact upper extremity motor strength, sensation and deep tendon reflexes. The treating physician has not documented clinical evidence of an acute clinical change since a previous cervical spine imaging study. The criteria noted above not having been met, MRI cervical spine with and without contrast is not medically necessary.

**Zanaflex 4mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

**Decision rationale:** The requested Zanaflex 4mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant neck pain, rated 8/10 on the visual analog scale, with muscle spasms and cramps across his shoulder girdle area. The injured worker reported 50% reduction in pain and 50% functional improvement with activities of daily living using medications. Physical exam was remarkable for cervical spine with tenderness to palpation, muscles spasms, limited range of motion in all planes, positive cervical compression test with pain radiation into the right shoulder blade and intact upper extremity motor strength, sensation and deep tendon reflexes. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg #60 is not medically necessary.