

<b>Case Number:</b>	CM15-0149428		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female, who sustained an industrial injury on 9-13-12. She has reported initial complaints of a right upper arm injury. The diagnoses have included chronic neck pain, myofascial pain, cervical radiculitis, Reflex sympathetic dystrophy syndrome, depression and right rotator cuff injury. Treatment to date has included medications, activity modifications, diagnostics, home exercise program (HEP), and other modalities. Currently, as per the physician psychiatry progress note dated 5-22-15, the injured worker complains of right upper limb pain. The physical exam reveals that palpation of the cervical spine shows multiple tender points in the right cervical paraspinal and upper limb musculature. The electrodiagnostic study that was performed in the right upper limb and cervical paraspinals were abnormal and suggestive of middle cervical radiculitis. The current medications included Gabapentin, OxyContin, Flector patch, Tizanidine and Cymbalta. There is no previous diagnostic reports noted in the records and there is no previous urine drug screen reports noted. The physician requested treatments included Exercise training in clinic 3 visits, Magnetic Resonance Imaging (MRI) cervical spine and Tizanidine 4mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise training in clinic 3 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for exercise training, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the patient is noted to have undergone previous PT and was doing a home program. The documentation does not identify a rationale for additional instruction in home exercise or why it would be expected to provide an improved outcome compared to the home exercise program already being utilized. In the absence of clarity regarding the above issues, the currently requested exercise training is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI of the neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-7.

**Decision rationale:** Regarding the request for cervical MRI, CA MTUS and ACOEM guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no current indication of any red flags, neurologic deficit, or another clear rationale for a cervical MRI at this time. In the absence of such documentation, the requested cervical MRI is not medically necessary.

**Tizanidine 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for tizanidine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine is not medically necessary.

