

Case Number:	CM15-0220401		
Date Assigned:	11/13/2015	Date of Injury:	04/22/2006
Decision Date:	12/22/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old male with an industrial injury date of 04-22-2006. Medical record review indicates he is being treated for cervical degenerative disc disease and right shoulder pain. Subjective complaints (10-16-2015) included neck and right shoulder pain described as throbbing, aching, burning and sharp. He reported numbness in the thumb, index and middle finger of both hands. The treating physician indicated activities were limited secondary to pain and he had difficulty sleeping at night secondary to pain. Work status (08-11-2015) is documented as retired. Current medications included Soma, Tramadol, Sertraline, Atenolol, Plavix, Amlodipine, Omeprazole, Zolpidem, Neurontin, Cilostazol, Metformin, Lipitor and Glyburide. Prior medications included Ultram, Ambien, Neurontin, Prilosec, and Motrin. Prior treatments are documented as physical therapy, acupuncture, heat and cold and are documented as "failed to provide any significant relief." Objective findings (10-16-2015) included tenderness in the midline of the cervical spine and midline of the lower lumbar spine. Cervical flexion was 40 degrees in extension, 20 degrees in left lateral flexion, and 5 degrees in left and right lateral flexion and 70 degrees in left and right lateral rotation. Sensory exam of upper extremities noted normal sensation to light touch. Cranial nerves 2-12 are documented as "grossly intact." Range of motion of both shoulders is "reduced significantly." The treating physician was requesting a cervical MRI noting "I was unable to find any such study." Cervical epidural steroid injection under fluoroscopic guidance and Zanaflex were requested. On 10-29-2015 the following requests were non-certified by utilization review: MRI of the cervical

Spine Cervical epidural steroid injection under fluoroscopic guidance. One prescription of Zanaflex 4 mg # 30

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are degenerative disc disease cervical; and right shoulder pain. Date of injury is April 22, 2006. Request for authorization is October 22, 2015. According to an October 16, 2015 progress note, subjective complaints include neck and right shoulder pain. Current medications include Soma. The start date for Soma is not specified. Objectively, there is tenderness to palpation over the cervical paraspinals and lumbar paraspinals. There is decreased range of motion. Neurologic evaluation of the upper extremities does not show evidence of radiculopathy. There is normal sensation and motor function. There is no documentation of spasm in the lumbar spine. According to the utilization review, the injured worker is requesting an updated cervical spine MRI. There is no evidence of a prior cervical spine MRI in the medical record. There were no unequivocal objective neurologic findings in the cervical spine and upper extremities. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Utilization review, as noted above, indicates the treating provider is requesting an updated MRI. There is no documentation of a significant

change in symptoms and/or objective findings suggestive of significant pathology. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no unequivocal objective findings of neurologic dysfunction and no significant new symptoms or objective clinical findings suggestive of significant pathology, MRI cervical spine is not medically necessary

1 cervical epidural steroid injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 1 cervical epidural steroid injection under fluoroscopic guidance is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks...etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are degenerative disc disease cervical; and right shoulder pain. Date of injury is April 22, 2006. Request for authorization is October 22, 2015. According to an October 16, 2015 progress note, subjective complaints include neck and right shoulder pain. Current medications include Soma. The start date for Soma is not specified. Objectively, there is tenderness to palpation over the cervical paraspinals and lumbar paraspinals. There is decreased range of motion. Neurologic evaluation of the upper extremities does not show evidence of radiculopathy. There is normal sensation and motor function. There is no documentation of spasm in the lumbar spine. According to the utilization review, the injured worker is requesting an updated cervical spine MRI. There is no evidence of a prior cervical spine MRI in the medical record. There were no unequivocal objective neurologic findings in the cervical spine and upper extremities. There is no objective evidence of radiculopathy on physical examination. Additionally, the level for the cervical ESI is not specified in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no evidence of objective radiculopathy on physical examination (cervical spine), 1 cervical epidural steroid injection under fluoroscopic guidance is not medically necessary.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are degenerative disc disease cervical; and right shoulder pain. Date of injury is April 22, 2006. Request for authorization is October 22, 2015. According to an October 16, 2015 progress note, subjective complaints include neck and right shoulder pain. Current medications include Soma. The start date for Soma is not specified. Objectively, there is tenderness to palpation over the cervical paraspinals and lumbar paraspinals. There is decreased range of motion. Neurologic evaluation of the upper extremities does not show evidence of radiculopathy. There is normal sensation and motor function. There is no documentation of spasm in the lumbar spine. The documentation indicates a treating provider prescribed Soma in the list of current medications. The start date for Soma is not specified. There is no documentation demonstrating objective functional improvement from ongoing soma. There is no clinical rationale for changing soma to the second line Zanaflex. Soma (and Zanaflex) is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The duration of Soma use not specified. A one month supply of Zanaflex (in place of Soma) was requested in excess of the recommended guidelines for short-term use was prescribed to the injured worker. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no spasm noted. Based on final information in the medical record, peer-reviewed evidence-based guidelines, Zanaflex treatment continued in excess of the recommended guidelines for short-term use, no objective documentation of spasm on physical examination and no documentation of acute low back or an acute exacerbation of chronic low back pain, Zanaflex 4 mg #30 is not medically necessary.