

Case Number:	CM15-0030192		
Date Assigned:	03/27/2015	Date of Injury:	12/07/2011
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 44-year-old female, with a reported date of injury of 12/07/2011. The diagnoses include cervical disc displacement and cervical intervertebral disc degeneration. Treatments to date have included physical therapy, an MRI of the cervical spine, and oral medications. The medical report dated 01/20/2015 indicates that the injured worker complained of low back pain, right hip pain, neck pain, and radicular arm pain. She reported having increased pain in her left hand. The physical examination showed some slight discomfort with cervical range of motion, strong and equal bilateral arm strength, and slightly weaker left grip. The treating physician requested Flexeril and three cervical epidural steroid injections to help relieve some of the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Cervical Epidural Steroid Injections under Fluoroscopic Guidance: Upheld

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 Epidural steroid injection Page(s): 46.

Decision rationale: The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there was documentation of neurological deficits on exam that did not follow specific dermatomes or was corroborated by MRI. A series of three ESI are also not supported. Therefore, the request is not medically necessary.

Flexeril 10mg, #90: Upheld

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

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

Decision rationale: The use of flexeril is medically unnecessary. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is on Norco and Robaxin already. The patient does not have documentation of muscle spasms on exam. Therefore, continued use is not medically necessary.