

<b>Case Number:</b>	CM15-0114269		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old man sustained an industrial injury on 5/14/2010. The mechanism of injury is not detailed. Evaluation include cervical spine MRI dated 4/7/2015, lumbar spine MRI dated 5/18/2012, and electromyogram/nerve conduction studies dated 2/6/2014. Diagnoses include chronic pain, cervical radiculitis, lumbar radiculitis, bilateral foot pain, right shoulder pain, and right lateral femoral nerve decompression. Treatment has included oral medications, home exercise program, and physical therapy. Physician notes dated 5/18/29015 show complaints of neck pain with radiation to the bilateral upper extremities, low back pain with radiation down the right lower extremity, and right knee pain rated 7/10. Recommendations include cervical epidural steroid injection, home exercise program, right knee MRI, Flexeril, Gabapentin, Tramadol, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural at C4-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. In addition, there is no documentation to support any recent initiation and failure with conservative treatments. Therefore, the request for cervical ESI at C4-6 is not medically necessary.

**MRI (Magnetic Resonance Imaging) of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - (<http://www.odg-twc.com/odgtwc/lknee.htm>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** According to MTUS guidelines, MRI of the knee is indicated in case of meniscal tear, ligament strain and tendinitis. There is no clinical evidence suggesting a specific knee diagnosis. Therefore, the request of right Knee MRI is not medically necessary.

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.