MAXIMUS Federal Services

Case Number:	CM15-0128794		
Date Assigned:	07/15/2015	Date of Injury:	06/30/2003
Decision Date:	08/10/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, California
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 56 year old female, who sustained an industrial injury on June 30, 2003. She reported an injury to her lower back. The injured worker was diagnosed as having herniated nucleus pulposus with associated facet arthropathy, status post decompression, laminectomy and discectomy, lumbar disc disease L2-3, cervical spondylosis C6-7 with herniated disc and radiculopathy and status post anterior cervical fusion and discectomy with bone graft. Treatment to date has included diagnostic studies, surgery, chiropractic treatment, physical therapy and medications. On May 19, 2015, the injured worker complained of constant pain in her cervical spine that is moderate to severe in degree. She complained of numbness, tingling and paresthesias of both upper extremities. The injured worker also reported constant moderate to moderately severe pain of the lumbosacral spine. The treatment plan included a computed tomography of the cervical spine, modified activities, medications and a follow-up visit. On June 6, 2015, Utilization Review non-certified the request for one computed tomography scan of the cervical spine and one prescription of Flexeril 10 mg #90, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan of the Cervical Spine: Overturned

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: Neck & Upper Back (Acute & Chronic) - CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 179.

Decision rationale: According to the ACOEM guidelines, a CT scan of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, an EMG/NCV did indicate C4-C5 radiculopathy. The claimant did have an MRI 3 yrs prior and indicated the disease process noted in the history above. Due to persistent symptoms and problem change in nerve root findings, the request by the orthopedic surgeon is reasonable and medically necessary.

Flexeril 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Norco without improvement in pain or function. Continued use is not medically necessary.