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| <b>Case Number:</b>   | CM15-0042269 |                              |            |
| <b>Date Assigned:</b> | 03/12/2015   | <b>Date of Injury:</b>       | 08/01/2013 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 02/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2015 |

### 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

### 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 55 year old female, who sustained a work/ industrial injury on 8/1/13. She has reported initial symptoms of neck pain and spasm. The injured worker was diagnosed as having right shoulder trapezius cervical strain. Treatments to date included medication, epidural steroid injection, physical therapy, and cervical traction. Magnetic Resonance Imaging (MRI) of the cervical spine revealed a 2 mm posterior disc osteophyte complex thecal sac at C3-4 with mild central canal narrowing at the level of the disc space and intervertebral right neural foraminal narrowing. At C4-5, there is mild to moderate disc space height loss with a 2 mm posterior and foraminal complex effacing the ventral thecal sac with mild central narrowing. There is mild facet hypertrophy at C4-5 with moderate bilateral neural foraminal narrowing. Currently, the injured worker complains of chronic cervical spasm and decreased range of motion. The treating physician's report (PR-2) from 2/12/15 indicated continued cervical spasm, decreased rotation, tilt, flexion secondary to pain. Medications included Percocet and Baclofen. Treatment plan included cervical epidural steroid injection and Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** Per the 12/09/14 report by [REDACTED] the patient present with ongoing right sided neck pain extending to the shoulders with headaches and sensitivity in the right hand. Pain is reported to extend from the neck to the top of the head with occasional radiation into the right upper extremity with no radiation down the left side. The current request is for CERVICAL EPIDURAL STEROID INJECTION per the 02/12/15 RFA included. The patient is not working. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. Criteria for use include, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." This patient does present with radicular symptoms; however, examination findings provide no diagnostic tests or sensory deficits to document radiculopathy for this patient. This report also states the patient has tried an ESI and the first provided no benefit and the second provided some benefit for a limited time. However, a general statement is not sufficient as MTUS requires continued objective documentation of pain and function. Furthermore, as presented above, the levels for injection are not specified. In this case, the current request IS NOT medically necessary.

**Baclofen 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

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

**Decision rationale:** Per the 01/15/15 PTP Progress report by [REDACTED] the patient presents with continued spasm of the right trapezius with listed diagnoses of Right shoulder trapezius and Cervical strain. The progress reports provided are hand written and difficult to interpret. The current request is for BACLOFEN 10mg #30 per the 02/12/15 RFA included. The 02/18/15 utilization review modified this request from #30 to #20 for downward titration and complete discontinuation. The patient is not working. The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." The treating physician states that Baclofen helps this patient. It appears that this is a second line option as the patient is also prescribed Percocet, an opioid. While this medication may be of benefit to the

patient, the MTUS guidelines state use is indicated for short-term treatment of acute exacerbations. This patient has been prescribed the medication on a long term basis since at least 11/04/14. In this case, the request IS NOT medically necessary.