

Case Number:	CM15-0065398		
Date Assigned:	04/13/2015	Date of Injury:	01/04/2012
Decision Date:	05/13/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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 54 year old female, who sustained an industrial injury on January 4, 2012, incurring injuries to her neck and right upper extremity after a slip and fall. She was diagnosed with cervical disc disease and cervical stenosis and carpal tunnel syndrome. Treatment included Electromyography studies, carpal tunnel release, cervical traction, physical therapy, transcutaneous electrical stimulation, and pain management. Currently, the injured worker complained of persistent daily headaches, neck pain and back pain. The treatment plan that was requested for authorization included one cervical epidural steroid injection and a prescription for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural steroid injection: 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 Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient has a date of injury of 01/04/12 and presents with upper back and neck pain. The current request is for One Cervical Epidural Steroid Injection. The Request for Authorization is dated 03/14/15 and requests epidural steroid injection cervical. The MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Examination of the cervical spine revealed decreased ROM and decreased sensory at the C6 dermatome. The neck pain radiates to the head and there is associated muscle spasms in the upper back. On 02/26/15, the treating physician recommended a cervical epidural stating that she has never had one and her NCV/EMG from 2012 was suggestive of a right C5-C6 radiculopathy, it is conceivable that this is caused much of her R arm pain and her R hand cramping. MRI of the cervical spine from 07/19/12 indicates mild/moderate foraminal stenosis at C3-4, C4-5, C5-6 and C7-T1. In this case, the patient presents with some radicular complaints and previous EMG/NCV and MRI suggest radiculopathy; however, the progress reports and RFA do not specify the intended injection level. An open-ended request for ESI of the cervical spine cannot be supported; therefore, this request is Not medically necessary.

Flexeril 10mg qty: 90: Upheld

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

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

Decision rationale: This patient has a date of injury of 01/04/12 and presents with upper back and neck pain. The current request is for Flexeril 10mg Qty 90. The MTUS Guidelines page 63-66 states, muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. This patient complains of muscle spasms and has been utilizing Flexeril since at least 10/09/14. MTUS Guidelines supports the use of Flexeril for short course of therapy, not longer than 2 to 3 weeks. Given that this medication has been prescribed for long-term use, this request is Not medically necessary.