

<b>Case Number:</b>	CM15-0066736		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 65 year old female with an industrial injury dated 04/15/2008. Her diagnosis includes cervical radiculopathy and chronic pain. Prior treatment includes cervical epidural steroid injection bilateral cervical 5-7, diagnostics and anti-inflammatory medications. She presents on 02/09/2015 with complaints of neck pain and low back pain. The pain is rated as 5/10 with medications and 6/10 without medications. Physical exam revealed spinal vertebral tenderness in the cervical spine with slight to moderate limitation of range of motion. Tenderness and spasm were noted in the lumbar spine area with moderate limitation of range of motion. The injured worker reports 50-80% overall improvement with the cervical epidural steroid injection. She reported good functional improvement in mood, sitting, standing and mobility. The duration of improvement was 4 months. She also states functional improvement in areas such as caring for pet, climbing stairs, dressing and gardening with anti-inflammatory medication. Plan of treatment included cervical epidural steroid injections, home exercise and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection - steroid therapeutic cervical epidural under fluoroscopy, at bilateral C5-7**  
**Quantity: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The MTUS states that 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. There is no documentation that the patient is either a candidate for surgery or and is currently being considered for a cervical procedure. Steroid therapeutic cervical epidural under fluoroscopy, at bilateral C5-7 Quantity: 1 is not medically necessary.

**Tizanidine 4mg Quantity: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 63.

**Decision rationale:** Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Tizanidine 4mg Quantity: 30 is not medically necessary.