

Case Number:	CM15-0079790		
Date Assigned:	04/30/2015	Date of Injury:	05/04/2012
Decision Date:	06/04/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
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:

This 63-year-old male sustained an industrial injury cervical spine on 5/4/12. Previous treatment included magnetic resonance imaging, acupuncture and medications. In a PR-2 dated 3/9/15, the injured worker complained of neck pain and stiffness. Physical exam was remarkable for cervical spine with tenderness to palpation, muscle spasms to the trapezius, suboccipital and paraspinal musculature with decreased range of motion, 5/5 motor strength to bilateral upper extremities, and positive compression and distraction test. Current diagnoses included cervical spine sprain/strain with disc desiccation, stenosis and facet osteoarthritis and secondary shoulder sprain/strain, acromial degenerative joint disease and tenosynovitis. The treatment plan included acupuncture, pain management consultation for cervical spine epidural steroid injection, medications (Voltaren and Fexmid) and magnetic resonance imaging cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM guidelines list the criteria for ordering imaging studies and include the following: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records submitted do not show evidence of neurologic deficits or change in neurologic exam to warrant an MRI. The guideline criteria are not met. The request for an MRI of the cervical spine is not medically necessary.

6 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-9.

Decision rationale: CA MTUS guidelines recommend 3-6 visits to produce functional improvement at 1-3 visits/week over 1-2 months. This claimant has had acupuncture in the past without documentation of sustained pain relief. Therefore, this request is deemed not medically necessary.

60 Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request is for Fexmid 7.5 mg #60 for use as a muscle relaxant. CA MTUS guidelines recommend non-sedating muscle relaxants 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 show no benefit beyond NSAIDs in pain and overall improvement. In this case, the medication is not being prescribed for a short course (less than 2 weeks), therefore the request is not deemed medically necessary.