

Case Number:	CM14-0101917		
Date Assigned:	07/30/2014	Date of Injury:	09/18/2007
Decision Date:	09/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 52-year-old female patient with a 9/18/07 date of injury. The exact mechanism of injury was not described. A progress report dated on 6/12/14 indicated that the patient complained of cervical spine pain, s/p cervical fusion. Physical exam revealed bilateral radiculopathy at C5-7, cervical to palpation over the cervicotrachezial ridge. There was residual right C7 radiculopathy, and increases tingling in bilateral upper extremities. MRI dated on 11/18/13 revealed C5-6 and C6-7 anterior cervical discectomy and fusion and right paracentral disc protrusion that abuts the thecal sac and produces right neuroforaminal narrowing at the C6-7. She was diagnosed with cervical discogenic disease, cervical facet arthrosis, and s/p cervical fusion at C5-6 and C6-7. Treatment to date: medication management, home exercise and TENS unit. There is documentation of a previous 6/25/14 adverse determination. The decision for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG states that cervical CT scans are indicated with suspected or known cervical spine trauma, after obtaining plain films. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. The patient presented with the cervical pain. Her MRI dated on 11/18/13 revealed C5-6 and C6-7 anterior cervical discectomy and fusion and right paracentral disc protrusion that abuts the thecal sac and produces right neuroforaminal narrowing at the C6-7. However, there was no new changes or injuries reported in the medical records. In addition there was no evidence of exacerbation of the patient's condition since her last MRI. Therefore, the request for decision for CT neck was not medically necessary.

Flexeril: Upheld

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

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

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The patient presented with the pain in her neck. There was documentation indicating that the patient has been receiving Flexeril since at least 12/2013. Guidelines do not recommend the long-term chronic use of Flexeril. In addition, the quantity and dose of Flexeril was not specified. Therefore, the request for decision for Flexeril was not medically necessary.