

<b>Case Number:</b>	CM13-0006285		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 51 year old male who reported an injury to his cervical region. The clinical note dated 02/01/13 indicates the injured worker had been drilling large holes on 04/10/12 when the drill got stuck and fell off a ladder jamming his neck and injuring his knee. The injured worker stated the neck pain was exacerbated when turning his head. The injured worker also reported the neck locking up on occasion. Previous imaging studies to include MRI and CT scan revealed degenerative spondylosis at C3-4 through C6-7 with disc narrowing at each of the segments. The note indicates the injured worker having undergone facet injections from C2-3 through C6-7 on the right. The clinical note dated 02/28/13 indicates the injured worker reported no significant benefit from the previous facet injections. The injured worker had no complaints of numbness or paresthesia. Pain was elicited around the shoulders with radiating pain into the upper arms. The clinical note dated 03/15/13 indicates the injured worker continuing with neck pain. The injured worker rated the pain as 8/10 at that time. The injured worker was being recommended for an epidural steroid injection at that time. The clinical note dated 04/12/13 indicates the injured worker utilizing Tylenol #3 as well as Ativan, Tramadol, Ibuprofen, and Cyclobenzaprine for pain relief. The injured worker was able to demonstrate 5/5 strength throughout both upper extremities. No reflex deficits were identified. The electrodiagnostic studies completed on 05/24/13 revealed findings consistent with mild bilateral carpal tunnel syndrome. The clinical note dated 06/10/13 indicates the injured worker complaining of cervical region pain that was rated as 7-8/10. Radiating pain was identified into both upper extremities. Generalized weakness was identified in the upper extremities. Additionally, the use of an adjustable bed was non-certified as well as the use of an adjustable bed for cervical radiculopathy is not supported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Epidural Steroid Injection (ESI) to the C6 QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

**Decision rationale:** The documentation indicates the injured worker having previously undergone a C5-6 ESI. However, no information was submitted regarding the injured worker's response to the injection. Given that no objective data was submitted confirming the injured worker's positive response to the previous ESI, this request is not indicated as medically necessary.

### **Cervical Epidural Steroid Injection (ESI) to the C7 QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) chapter Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

**Decision rationale:** The documentation indicates the injured worker having previously undergone a C5-6 epidural steroid injection. However, no information was submitted regarding the injured worker's response to the injection. Given that no objective data was submitted confirming the injured worker's positive response to the previous epidural steroid injection. This request is not indicated as medically necessary.

### **Facility Outpatient QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Adjustable Bed QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The documentation indicates the injured worker having been diagnosed with cervical radiculopathy. No information has been submitted regarding the need for durable medical equipment to include an adjustable bed in order to support the injured worker's diagnosis of cervical radiculopathy. The request cannot be deemed as medically necessary.