

<b>Case Number:</b>	CM13-0041924		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 is licensed to practice in Nevada. 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 records presented for review indicate that this 37 year-old male was reportedly injured on 3/7/2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 1/11/2014, indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated cervical spine: positive tenderness to palpation of the cervical spine with trigger point areas of tenderness. Right trapezius muscle mass. Lumbar spine: positive tenderness to palpation of the lumbosacral spine with radicular pain in the right leg roughly at L5 nerve root distribution. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and injections. A request was made for fluoroscopic guided lumbar epidural steroid injection at levels L4-L5, and Aspen Collar, and was not certified in the pre-authorization process on 3/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopic guided lumbar transforaminal injections L4-L5 by a pain management specialist:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 46 of 127 Page(s): 46 OF 127.

**Decision rationale:** The MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, the injured worker is scheduled for cervical spine surgery on 8/25/2014. As such, the requested procedure is deemed not medically necessary.

**Aspen Collar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) cervical collar, updated 8/4/2014.

**Decision rationale:** Cervical collars are frequently used after surgical procedures and in the emergency setting following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. This study demonstrates how increasing the height of an orthosis provides greater restriction of range of motion (ROM) but may also force the neck into relative extension. Because functional ROM was affected to a lesser degree than full, active cervical motion, any changes in collar height may not be as clinically relevant for other patients such as those who have undergone operations for degenerative disease. After review of the medical records provided the injured worker is scheduled for cervical surgery on 8/25/2014, however since they are not in a postoperative status at this time this request is deemed not medically necessary.