

<b>Case Number:</b>	CM13-0048410		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 57-year-old female who reported a work-related injury on 04/06/2009. The mechanism of injury was a fall in which the patient hit her head. The patient's diagnoses are listed as syncope; subarachnoid hemorrhage, closed; abrasion/contusion scalp, cervical strain and lumbar sprain. Per recent clinical note, the patient's primary complaint was pain located in her head and neck. She stated the pain was improved with medications, ice, TENS unit, and resting. Physical exam of the patient revealed decreased range of motion to the cervical area. Spurling's was negative. Reflexes were 2+ to the upper extremities and lower extremities. Straight leg raise was negative bilaterally. A request has been made for steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STEROID INJECTIONS:** 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), HEAD CHAPTER, CORTICOSTEROIDS (FOR ACUTE TRAUMATIC BRAIN INJURY)

**Decision rationale:** Prior clinical documentation submitted stated the patient underwent local steroid injections which had effectively controlled pain. Per clinical note dated 10/08/2013, the treatment plan included steroid injection for pain in the scalp. Official Disability Guidelines state corticosteroids are not recommended and should no longer be routinely used in people with traumatic head injury. In addition, there was no clinical documentation noting the specific site for the requested steroid injections and the patient's functional improvement and pain relief due to prior steroid injections. There was lack of documentation submitted to support the request for steroid injections for the patient. Therefore, the decision for steroid injections is non-certified.