

<b>Case Number:</b>	CM14-0110527		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Physical Medicine & 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 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 45-year-old male who reported an injury on 07/06/2013, due to being struck by a motor vehicle. Diagnoses were cervical whiplash syndrome, cervical multilevel bulging disc, cervical discogenic pain, cervical strain, cervical spasms, and cervical spondylosis. Past treatments were chiropractic therapy, physical therapy, home exercise program, massage therapy, home cervical traction unit, and facet joint corticosteroid injections. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 06/02/2014 revealed the injured worker complaining of headaches. The injured worker had received a facet joint corticosteroid injection on 05/20/2014, where it was reported that he did have some relief for several hours after the injection, and once this passed, he began to experience pain again. Physical examination revealed palpable myofascial spasms in the cervical region. There was a limited range of motion in the lateral flexion of the cervical spine bilaterally. Upper extremity strength was a 5/5. There was a 2/2 sensation to light touch and pinprick with intact deep tendon reflexes in both upper extremities. Medications included Ultram, Voltaren, Fexmid, and Protonix. Treatment plan was for a cervical epidural steroid injection. The rationale was reported as it was conceivable that an inflammatory response occurred within the epidural space that may be contributing to the pain. It was suggested that a cervical epidural injection be done. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment, including exercise, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. No more than 2 nerve roots should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. There were no imaging or electrodiagnostic testing reports submitted. There were no findings of radiculopathy on physical examination. Therefore, the request is not medically necessary.

**Valium 5 mg:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend benzodiazepines for long-term use, and most guidelines limit use to 4 weeks. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.