

<b>Case Number:</b>	CM14-0157257		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Family 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 45 year old male patient who sustained a work related injury on 4/25/14. Patient sustained the injury when he was changing a tire with the use of a power tool when the tool broke and struck him on the left temple and his head snapped backward and struck against something else with resulting dizziness. The current diagnoses include brachial neuritis or radiculitis, neck sprain and strain and head injury. Per the doctor's note dated 8/29/14, patient has complaints of pain in his neck and left elbow and headaches at 5-7/10 with accompanying symptoms including sleep disturbances, depression, and mood swings. Physical examination of the cervical spine revealed range of motion was restricted with flexion limited to 35 degrees, extension limited to 35 degrees, lateral rotation to the left limited to 45 degrees and lateral rotation to the right limited to 50 degrees, paravertebral muscles, spasm and tenderness, Spurling's maneuver causes pain in the muscles of the neck, strength of all the muscles was 5/5, light touch sensation was decreased in the left upper extremity, 2/4 reflexes and Hoffman's sign is negative. The current medication lists include Ibuprofen and Cyclobenzaprine and Tylenol. The patient has had CT scan of head that was negative; MRI of the cervical spine which revealed moderate to severe degenerative joint disease (DJD) at the C5-C6 level and MRI scan of the left elbow. The patient's surgical history includes hand surgery performed five years ago. The patient has received a course of physical therapy in June 2014 for this injury. He has used a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro Psych Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultation, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

**Decision rationale:** Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the doctor's note dated 8/29/14, physical examination of the cervical spine revealed strength of all the muscles was 5/5, 2/4 reflexes and Hoffman's sign was negative. Any evidence that the patient has any surgical indications is not specified in the records provided. Any evidence that the diagnosis is uncertain or extremely complex was not specified in the records provided. A basic psychiatric history and examination was not specified in the records provided. A detailed response to treatment for anxiety/depression was not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. Any plan or course of care that may benefit from the additional expertise of an orthopedic surgeon was not specified in the records provided. A plan for an invasive procedure was not specified in the records provided. The medical necessity of the request for Referral to Neuro Psych Evaluation is not fully established for this patient.

**Epidural Steroid Cortisone Injection, for the neck: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received a course of physical therapy in June 2014 for

this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Epidural Steroid Cortisone Injection, for the neck is not fully established for this patient.