

<b>Case Number:</b>	CM14-0020738		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 patient is a 51 year old female who was injured on 09/11/2012 while an acoustic ceiling tile fell from the roof and hit her on the head with immediate pain in the right side of her neck and shoulder and left side of her low back. Prior treatment history has included the use of Vicodin. Diagnostic studies reviewed include MRI scan of the cervical spine dated 06/07/2013 revealing degenerative disc disease at C6-C7 with a 2.5 millimeter right lateral disc bulge/spur and mild to moderate encroachment on the right nerve root canal with mild central canal stenosis due to dorsal spondylosis on the left. At C4-C5 there was a 2.5 millimeter left lateral spur and mild to moderate encroachment on the left nerve root canal. At C5-6 there was degenerative disc disease with a 2 mm central disc protrusion/spur. Disc desiccation was present at C3-C4 with a 0.5 mm central spur. Progress report dated 01/07/2014 documented the patient is still having quite a bit of pain in the neck and low back areas. She continues to complain of fatigue, excessive daytime sleepiness as a result of the Vicodin, which she uses sparingly. She has a difficult time sleeping because of pain. She continues to be functionally limited in the competitive work situation. Now she has left trochanteric bursitis. She is status post three epidural injections. Objective findings one examination of the cervical spine reveal positive trigger points over the trapezii and sub occipital condylar areas. Spurling's is positive. Assessment:1.Status post blow to the head2.Cervical discogenic disease UR report dated 01/27/2014 denied the request for cervical epidurals as the patient is status post 3 epidural steroid injections. A record of benefit as well as timing has not been documented. The levels to be injected have not been designated. Radiculopathy has not been documented.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURALS:** 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 Page(s): 46.

**Decision rationale:** As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The MTUS Chronic Pain treatment guidelines indicate the purpose of ESI's is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. One of the criteria stated by the guidelines for the use of ESIs for radicular pain management is; "Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". The available medical records do not document the failure of the conservative measures to control the patient's pain. The patient has already received 3 cervical epidural injections; however, there is little information as to the any improvement in the objective measurements such as pain level or range of motion. Based on the MTUS Chronic Pain treatment guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary and not medically necessary.