

<b>Case Number:</b>	CM14-0091095		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 57 year old woman involved in a work related injury from 1/27/2010. The available notes indicate the worker has chronic neck pain with torticollis for which she receives Botox injections. The worker was seen on 3/05/2014 and 3/07/2014 in the emergency room, complaining of neck pain, and she received a morphine shot. The most recent treatment note was from 4/15/2014, when the worker was given a trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TP #24 MRI C-SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179- 180.

**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), Magnetic resonance imaging (MRI)

**Decision rationale:** The worker has been previously imaged with cervical magnetic resonance imaging in 2010 and 2011. The worker is having ongoing neck pain. There is no reference to radicular pain, focal neurological deficits, or any change in her neurological condition. According to Official Disability Guidelines, "repeat magnetic resonance imaging is not routinely

recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro compression, recurrent disc herniation). There is no indication of any change in cervical status and no documented reason to repeat the cervical magnetic resonance imaging. Therefore, the requested magnetic resonance imaging cervical spine is not medically necessary.

**TP #25 CERVICAL EPIDURAL STEROID INJECTIONS:** 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 (ESIs) Page(s): 46.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections are as follows: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, nonsteroidal anti-inflammatory drugs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The worker has localized neck pain and spasms, which has been addressed in the past with Botox injections. The worker has no specific radicular complaints. The exam does not show focal neurological deficits in the upper extremities. There is no magnetic resonance imaging showing a neurocompressive lesion. There is no electrodiagnostic testing results showing radiculopathy. Given this data, there is no indication for a cervical epidural steroid injection. Therefore, the requested epidural steroid injections are not medically necessary.