

Case Number:	CM14-0107382		
Date Assigned:	08/01/2014	Date of Injury:	02/18/2010
Decision Date:	10/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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:

The injured worker is a 47 year old female who had work related injuries on 02/18/10. Clinical record dated 06/08/14 reflected that the injured worker came in for follow up complaining of syrup pain in her neck rating down her left shoulder and numbness and tingling. EMG/NCV in 04/12 was read as C6 left radiculopathy. She tried physical therapy and anti-inflammatory medication. Ibuprofen prescribed caused her abdominal pains and loose bowel movements. On review of system all symptoms have been checked. Physical examination, blood pressure was 140/80 pulses 70 respiration 14 and temperature 98.6. Strength was 5/5 bilaterally in upper extremities. Sensation was decreased in left C6 dermatome. She had hypoactive left biceps tendon reflex. She had positive cervical compression test and decreased range of motion in cervical spine with flexion/extension. Diagnosis cervical disc disease, cervical spine radiculopathy per EMG. MRI of the cervical spine dated 11/29/12 intervertebral disc of C1-2 through C5 were intact and showed no significant disc bulge, disc herniation, or disc protrusion. The lateral recess and neural foramina contents were intact. Anterior and posterior subarachnoid spaces were normal. C6-7 disc showed slight narrowing desiccation with 2mm posterior central disc protrusion. Prior utilization review on 06/26/14 was non-certified. Current request was for monitored anesthesia care, epidurography, and C6 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monitored Anesthesia Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Epidural Sedation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists. 2009. Distinguishing monitored anesthesia care ("MAC") from moderate sedation/analgesia (conscious sedation).

Decision rationale: The request for Monitored Anesthesia Care is predicated on the request for cervical ESI, as that has been found not to be medically necessary, the subsequent request is not necessary.

Epidurography: 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) Neck chapter, ESI's

Decision rationale: The request for Epidurography is predicated on the request for cervical ESI (epidural steroid injection), as that has been found not to be medically necessary, the subsequent request is not necessary.

C6 Cervical steroid injection: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. As such, medical necessity has not been established.