MAXIMUS Federal Services

Case Number:	CM14-0054654		
Date Assigned:	07/07/2014	Date of Injury:	09/12/2011
Decision Date:	09/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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 and Rehabilitation, has a subspecialty in Pain 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 patient is a 55 year old female who sustained an industrial injury on 9/12/2011. There is listed diagnosis of carpal/cubital tunnel syndrome/double crush syndrome. She is status post right carpal/cubital tunnel release (date not provided). Cervical MRI dated 11/20/2013 reveals the impression: 1. C4-C5: There is a small central and left paracentral 1.5 mm AP disk protrusion which focally indents/effaces the ventral thecal sac. The dorsal thecal sac is maintained. There is overall mild spinal canal narrowing. 2. C5-C6: There is a central 1.5 mm AP disk protrusion which effaces the ventral thecal sac. The dorsal thecal sac is maintained. There is overall mild spinal canal stenosis. Right uncinated spurring causes moderate narrowing of the entry zone to the right neural foramen. According to PR-2 dated 3/4/2014, the patient complains of neck and right shoulder pain. Pain radiates to the right shoulder. Paresthesia is noted in the hand, numbness and weakness noted in the arm. She now states she has right cervical pain, which is intermittent, and headache is worse with extension. States she had greater 60-70% relief with CESI on 11/15/2013. Pain is rated 6/10. The reports note taking multiple medications with no adverse effects. Physical examination documents tenderness, restricted cervical ROM, diminished light touch over C5 and C6 dermatomes, also states upper extremity exam reveals intact sensation through all dermatomes, equal and symmetric reflexes, and 5/5 motor strength, and 5/5 grip strength. Diagnoses are cervical IVD, cervical disc displacement, and cervical radiculitis. Requests authorization for C5-6 CESI. The 12/10/2013 PR-2 documents entirely identical subjective complaints, history and objective findings. Of note, she reports pain is rated 6/10. Reports taking multiple medications with no adverse effects. The patient states she had greater than 60-70% relief with CESI on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: CA MTUS guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief for at least 6-8 weeks. Based on information provided in the medical records, the patient did not obtain clinically significant pain relief with reduction pain medication use and improved function, as result of prior CESI. In addition, the physical examination findings document intact sensation, equal and symmetric reflexes, and full 5/5 motor strength of the bilateral upper extremities. Given the minimal findings on the patient's cervical MRI, there no clear evidence of a neurocompressive lesion to indicate cervical radiculopathy, which is consistent with the normal objective findings documented. Based on the guidelines and medical documentation, the request is not medically necessary. The request is not medically necessary and appropriate.

Unknown anesthesia: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The guidelines do not recommend the use of sedation or anesthesia for the injection procedure. There is no evidence of significant/severe anxiety condition for which some level of sedation during CESI would be reasonably necessary. Regardless, the medical records fail to establish the patient is a candidate for C5-6 ESI. Consequently, there is medical necessity for consideration of monitored anesthesia. The request is not medically necessary and appropriate.

Unknown monitored anesthesia: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The guidelines do not recommend the use of sedation or monitored anesthesia for the injection procedure. There is no evidence of significant/severe anxiety condition for which monitored anesthesia during CESI would be reasonably necessary. Regardless, the medical records fail to establish the patient is a candidate for C5-6 ESI. Consequently, there is medical necessity for consideration of monitored anesthesia. The request is not medically necessary and appropriate.