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| Case Number: | CM14-0171790 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 06/08/2013 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 75 year old male, who sustained an industrial injury on 6/8/13. He reported right hand pain and swelling. The injured worker was diagnosed as having pain in limb and pain in hand joint. Treatment to date has included a right carpometacarpal joint injection on 9/17/13 that provided no benefit. Other treatment included physical therapy, acupuncture, biofeedback, and oral medication. A MRI of the cervical spine obtained on 7/21/14 revealed hypertrophic degenerative changes throughout the cervical intervertebral levels most prominent at C5-6 with severe central canal stenosis and severe bilateral neural foraminal narrowing. An electromyogram/nerve conduction study performed on 5/27/14 revealed mild right carpal tunnel syndrome as well as findings suggestive of superimposed right C7 chronic cervical radiculopathy. Currently, the injured worker complains of right upper extremity and right hand pain. The treating physician requested authorization for a cervical epidural steroid injection/cervical epidurogram/insertion of cervical catheter/each additional level x2 with fluoroscopic guidance/IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection/cervical epidurogram/insertion of cervical catheter/each additional level x2 with fluoroscopic guidance/IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, ESI.

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), Epidural steroid injection (ESI) and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant is nearly 2 years status post work-related injury and is being treated for right upper extremity and hand pain. EMG/NCS testing has shown findings of right carpal tunnel syndrome and a chronic C7 radiculopathy and an MRI confirms severe foraminal and canal stenosis at C5-6. When seen, physical examination findings included decreased right upper extremity sensation. Being requested is a cervical epidural steroid injection with MAC (monitored anesthesia care) during the procedure. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, these criteria are met and therefore the requested cervical epidural injection is medically necessary. In terms of sedation, patient should be relaxed during this procedure. A patient with significant muscle contractions or who moves during the procedure makes it more difficult technically and increases the risk associated with this type of injection. On the other hand, patients need to be able to communicate during the procedure to avoid potential needle misplacement which could have adverse results. In this case there is no documentation of a medically necessary reason for monitored anesthesia during the procedures performed. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to prior injections. Therefore, MAC is not medically necessary and the request as was made is not medically necessary.