

Case Number:	CM14-0198166		
Date Assigned:	12/08/2014	Date of Injury:	06/01/2007
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 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:

This is a 45-year-old male with a 6/1/07 date of injury. According to a progress report dated 10/29/14, the patient complained of pain located in the neck that radiated into the right shoulder. He had a cervical ESI on 5/17/13 that decreased his pain by more than 50% up until recently. Now, the pain would shoot down the right shoulder and it prevented him from working. He is also status post replacement of L5-S1 disc, done in 2007. He complained of lower back pain that radiated into his right leg. He has tried ice, heat application, and NSAIDS, and the pain has not improved. He was scheduled for lumbar fusion surgery on 11/28/14. Objective findings: tenderness to palpation in the trapezial area with muscle spasms, full cervical spine range of motion, upper extremity sensation to light touch diminished over the C4 dermatome, motor strength measured 5/5 in all upper extremity groups, paralumbar spasm was 2+ tenderness to palpation on the right, range of motion of spine limited secondary to pain. Diagnostic impression: degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis. A cervical MRI on 6/13/11 reported that metallic susceptibility artifact projects over C3-4, C4-5, and C5-6 made it somewhat difficult to evaluate those locations. Correlation with plain x-rays and CT scan may be considered if clinically desirable and appropriate. A cervical ESI from 5/17/13 decreased his pain by more than 50% until recently. The treatment to date includes medication management, activity modification, epidural injection, surgery, physical therapy, and ice/heat application. A UR decision dated 11/13/14 denied the requests for C4 cervical steroid injection, monitored anesthesia care, and epidurography. A specific rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 cervical steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: The CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, the CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. A cervical ESI from 5/17/13 decreased his pain by more than 50% until recently. However, in the present case, there is no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. There is documentation of a cervical MRI performed on 6/13/11; however it was inconclusive due to metallic susceptibility artifact projects over C3-4, C4-5, and C5-6. Therefore, the request for C4 cervical steroid injection was not medically necessary.

Monitored anesthesia care: 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 Other Medical Treatment Guideline or Medical Evidence: Article 'Avoiding Catastrophic Complications from Epidural Steroid Injections'

Decision rationale: The CA MTUS and the ODG do not address this issue. The deeply sedated patient may become agitated and may move unexpectedly. Also, paresthesias may alert to the fact that the physician has contacted the cord. There are many anecdotal accounts of patients who have had intense paresthesias and/or motor responses to contact of a needle with the spinal cord, as well as a number of cases in which general anesthesia or moderate to deep sedation appeared to block such responses. However, this particular case, there is no documentation of co-morbidities or complaints that would require anesthesia during the requested epidural steroid injection procedure. In addition, it is noted that the patient has had a previous cervical epidural steroid injection performed on 5/17/13 without documentation that he had difficulty during that procedure that would warrant the need for anesthesia. Lastly, because the medical necessity for a cervical epidural steroid injection has not been established at this time, this associated request

cannot be substantiated. Therefore, the request for monitored anesthesia care was not medically 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 Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed literature - American Journal of Neuroradiology - 'Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience (<http://www.ajnr.org/content/20/4/697.full>)

Decision rationale: The technique of epidurography followed by therapeutic epidural steroid injection (with or without a local anesthetic) is a safe radiologic procedure that is easily performed by skilled proceduralists on an outpatient basis without intravenous sedation and cardiac monitoring. However, in the present case, it is noted that the patient has had a previous cervical epidural steroid injection performed on 5/17/13 without documentation that he had complications during that procedure that would warrant the need for epidurography. In addition, there is no documentation of co-morbidities that would establish the necessity for this procedure. Lastly, because the medical necessity for a cervical epidural steroid injection has not been established at this time, this associated request cannot be substantiated. Therefore, the request for Epidurography was not medically necessary.