

Case Number:	CM14-0207772		
Date Assigned:	12/19/2014	Date of Injury:	11/05/2002
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehabilitation, has a subspecialty in Interventional spine 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 54 year old female with an injury date of 11/05/02. Based on the progress report dated 11/03/14, the patient complains of pain in the neck and bilateral arms along with intermittent numbness in arms and hands. The pain is rated as 8/10 without medications and 7/10 with medications. Sitting, bending and lifting worsen the pain while standing, lying medications, injections, heat and medications alleviate it. The patient also suffers from insomnia, headaches, constipation and depression. Physical examination reveals reduced sensation to light touch on the left first four digits. In progress report dated 08/21/14, the patient complains of pain between her shoulder blades as well. Medications, as per progress report dated 11/03/14, include Cymbalta, Abilify, Norco, Cyclobenzaprine, Tizanidine, Baclofen and Clonazepam. The patient is also undergoing cognitive supportive psychotherapy, as per report dated 10/29/14. The patient is unable to work, as per progress report dated 11/03/14. MRI of the Cervical Spine, 10/31/14, as per progress report dated 11/03/14:- 1 -2 mm left foraminal disc protrusion at C3-4 which results in left neural foraminal narrowing- 3 mm broad-based lobulated disc bulge at C4-5 results in canal stenosis, moderate left neural foraminal narrowing, and moderate -to-severe right neural foraminal narrowing with disc contacting and slightly deforming the ventral aspect of the cord.- At C5-6, 2-3 mm broad-based disc bulge with superimposed 5-6 mm left foraminal disc protrusion which results in severe left neural foraminal narrowing and spinal stenosis and right neural foraminal narrowing- At C6-7, Extensive modic endplate changes at C6-7 with a 3-4 mm broad-based disc bulge encroaching upon the bilateral neural foraminal exit zones resulting in moderate right and moderate to severe left neural foraminal narrowing with some canal stenosis. Diagnoses, 11/03/14:- Neck pain- Cervical disc disease- Cervical radiculitis- Cervical spinal stenosis- Chronic pain syndrome The treater is requesting for (a) CERVICAL ESI UNDER

FLUOROSCOPIC GUIDANCE (LEVELS / SITE UNSPECIFIED) (b) CONSCIOUS SEDATION. The utilization review determination being challenged is dated 11/19/14. Treatment reports were provided from 04/15/14 - 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI under fluoroscopic guidance (levels/site unspecified): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)'.

Decision rationale: The patient presents with pain in the neck and bilateral arms along with intermittent numbness in arms and hands, as per progress report dated 11/03/14. The request is for CERVICAL ESI UNDER FLUOROSCOPIC GUIDANCE (LEVELS / SITE UNSPECIFIED). The pain is rated as 8/10 without medications and 7/10 with medications, as per the same progress report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "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." In this case, the patient has been diagnosed with cervical radiculitis and spinal stenosis. An MRI report dated 10/31/14 showed a rather large disc herniation measuring 6 mm at C5-6. The patient's prior injection was successful with 50% reduction of pain lasting 6 months, although functional measure/improvement has not been documented. Given the disc herniation, exam findings, and success from prior injection, a repeat injection would appear medically reasonable with some support from MTUS. The request IS medically necessary.

Conscious sedation: Overturned

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) chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)'.

Decision rationale: The patient presents with the neck and bilateral arms along with intermittent numbness in arms and hands, as per progress report dated 11/03/14. The request is for CONSCIOUS SEDATION. The pain is rated as 8/10 without medications and 7/10 with medications, as per the same progress report. ODG guidelines, chapter 'Pain (Chronic)' and topic 'Epidural Steroid Injections (ESIs)', state "There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paraesthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended." The UR letter states that there are two different requests - one for cervical ESI and the other one for conscious sedation. However, the Request for Authorization form dated 11/05/14 states that the request is for cervical ESI "under fluoroscopic guidance & conscious sedation." ODG guidelines do not allow for sedation unless the patient has anxiety. In this case, the patient does have anxiety and depression, as per psychiatry report dated 04/28/14, and may be eligible for conscious sedation. The request IS medically necessary.