

Case Number:	CM15-0104807		
Date Assigned:	06/09/2015	Date of Injury:	11/26/2013
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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 57 year old male, who sustained an industrial injury on 11/26/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical myoligamentous sprain/strain, cervical sprain/strain and cervical radiculitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/23/2015, the injured worker complains of persistent neck pain, radiating the bilateral upper extremities and bilateral foot pain, low back pain, bilateral shoulder pain and knee pain. Physical examination showed tenderness in the cervical paravertebral muscles and upper trapezius region. The treating physician is requesting cervical epidural steroid injection at cervical 4-5, cervical 5-6 X 1 under fluoroscopic guidance, IV sedation and MAC in an operating room setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C4-5, C5-6 X 1 under fluoroscopic guidance, IV sedation and MAC in an operating room setting: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46. Decision based on Non-MTUS Citation 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 sustained a work injury in November 2013 y can used to be treated for radiating neck pain. When seen, there was cervical spine tenderness with decreased range of motion. There was decreased upper extremity sensation. Upper extremity reflexes were normal. An MRI of the cervical spine in November 2014 is referenced as showing multilevel spondylosis with moderate to severe foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity sensation and imaging is reported as showing multilevel foraminal narrowing. In this case, however, MAC (monitored anesthesia care) anesthesia is also being requested for the procedure. In general, patients 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 procedure 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. There is no indication for the use of MAC anesthesia and therefore this request is not medically necessary.