

Case Number:	CM15-0133662		
Date Assigned:	07/22/2015	Date of Injury:	02/02/2015
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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:

This 40 year-old woman sustained an industrial injury on 2/2/2015 while lifting a large patient with five other nurses. She received immediate medical attention. Evaluations include undated cervical spine x-rays, cervical spine MRI dated 2/24/2015, electrodiagnostic studies of the bilateral upper extremities dated 6/22/2015, and thoracic spine MRI dated 2/23/2015. Diagnoses include neck pain and cervical disc protrusion. Treatment has included oral medications, trigger point injections, H-wave therapy, acupuncture, and Toradol injections. Physician notes dated 6/25/2015 show complaints of neck pain with radiation to the right arm with numbness and tingling. The pain is rated 8/10 with medications and 10/10 without medications. Recommendations include cervical spine epidural steroid injection, Naproxen, Lyrica, Norco, Cymbalta, H-wave therapy, right arm ultrasound, Xanax, Cyclobenzaprine, and follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6, C7 Interlaminar Epidural Steroid Injection with Conscious Sedation, Fluoroscopic Guidance: Upheld

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

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 February 2015 and is being treated for neck and upper back pain. Electrodiagnostic testing has included findings of C6 radiculitis. An MRI of the cervical spine in February 2015 showed a right lateralized C5-6 disc protrusion with foraminal compromise. Treatments have included medications, physical therapy, acupuncture, and use of an H-wave unit. Physical therapy was stopped as it was ineffective. When seen, she was having symptoms radiating into the right upper extremity. Physical examination findings included right upper extremity weakness with decreased sensation. Authorization for a cervical epidural injection including moderate sedation was requested. 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 right upper extremity sensation and strength and imaging and electrodiagnostic testing corroborated a diagnosis of cervical radiculopathy. However, sedation 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 sedation and this request is not medically necessary.