

Case Number:	CM15-0140581		
Date Assigned:	07/30/2015	Date of Injury:	03/17/2009
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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 48-year-old female who sustained an industrial injury on March 17, 2009 resulting in reported pain in the neck, left upper extremity and shoulder. She is diagnosed with C-6 spondylosis and facet arthropathy, cervical radiculopathy, and spinal stenosis. Documented treatment for her cervical injury has included cortisone injections with no report of effectiveness, psychotherapy which is reported to have helped her tolerate pain, and oral and transdermal medication providing temporary relief. The injured worker continues to report neck pain, and left arm pain and numbness interfering with sleep and activities of daily living. The treating physician's plan of care includes cervical epidural steroid injection with anesthesia. Most recent documented work status is work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural Steroid Injection with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections 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-related injury in March 2009 and is being treated for neck pain with left upper extremity radiating symptoms. An MRI of the cervical spine in May 2015 included findings of multilevel spondylosis with foraminal encroachment most severe at C5/6 and with left lateralization at several levels. When seen, there was cervical spine stiffness and left upper extremity dysesthesias. There was decreased left upper extremity strength. A cervical epidural steroid injection with anesthesia 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 upper extremity strength and left upper extremity dysesthesias which correlate with the recent MRI findings and an epidural injection is medically necessary. 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.