

Case Number:	CM15-0144745		
Date Assigned:	08/05/2015	Date of Injury:	05/13/2010
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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 50-year-old female who sustained an industrial/work injury on 5-13-10. She reported an initial complaint of neck pain with upper extremity weakness and right knee pain. The injured worker was diagnosed as having cervical disc herniation and cervical disc foraminal stenosis, right shoulder partial thickness tearing of the rotator cuff with subacromial spurs formation and impingement syndrome, and right knee patella tracking abnormality and tight lateral retinaculum. Treatment to date includes medication, chiropractic care, and physical therapy. MRI results were reported to demonstrate disc bulging and mild canal stenosis. Currently, the injured worker complained of pain in the right knee, right shoulder, and neck pain. Per the orthopedic report on 6-16-15, exam noted evidence of bilateral radiculopathy, sensation and proprioception is intact, normal deep tendon reflexes. Cervical exam notes tenderness in the neck paraspinal muscles with pain at extremes of all range of motion and evidence of radicular pathology. Neurological evaluation of the upper extremities reveals 5 out of 5 strength, intact sensation, and normal deep tendon reflexes. Right shoulder exam notes positive Hawkin's and Neer tests along with positive apprehension and relocation tests. Right knee exam noted tenderness to the medial and lateral joint line, positive McMurray test, crepitus on extension and flexion, tightness of the lateral retinaculum of the knee, and positive squat test. The requested treatments include left C5-C6 transforaminal epidural injection (ESI) under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-C6 transforaminal epidural injection (ESI) under sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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 May 2010 and is being treated for neck and knee pain and upper extremity weakness. She was seen for an initial evaluation on 06/22/15. She had persistent neck aching and left wrist weakness. There had been no benefit from chiropractic care or physical therapy and mild benefit from acupuncture. Physical examination findings included decreased left wrist extension strength. An MRI of the cervical spine showed findings of right lateralized disc bulging at C3/4 and at C5/6, there was mild canal and very mild bilateral foraminal stenosis. A cervical epidural steroid injection with 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 electro diagnostic testing. In this case, the claimant's provider documents decreased left upper extremity wrist extension strength. Imaging, however, does not confirm the presence of radiculopathy and there are no left lateralized findings. Additionally, 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 either occur due to 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 for this reason as well.