

<b>Case Number:</b>	CM15-0164717		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 was a 57 year old male, who sustained an industrial injury, December 16, 2009. The injured worker previously received the following treatments Celebrex, Flexeril, Gabapentin, Naproxen and Diclofenac. The injured worker was diagnosed with chronic pain syndrome, lumbosacral disc degenerative disease, cervical radiculopathy and lumbago, osteoarthritis in the shoulder, cervical disc degeneration and neck pain. According to progress note of July 14, 2015, the injured worker's chief complaint was chronic neck, knee pain and low back pain. The pain was located in the lower thoracic and upper lumbar region. The injured worker had associated symptoms of numbness in the bilateral arms. The pain was described as pressure, burning, aching, nagging, stabbing and electrical. The injured worker rated the pain as constant at 8 out of 10, without pain medications and 6 out of 10 with medications. The pain was aggravated by bending, sitting, coughing, sneezing, reaching, exercising, lifting, driving, lying down and walking. The injured worker reported that ice and pain medication relieved the pain. The physical exam noted the deep tendon reflexes of the bilateral patella, triceps, biceps; brachioradialis were 2 out of 4. The sensory exam noted decreased sensation to light touch of the upper extremities. The treatment plan included cervical interlaminar epidural injection at C6-C7 with IV (intravenous) sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical Interlaminar ESI at C6-7 with IV Sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 injury in December 2009 and is being treated for chronic neck and low back pain. When seen he was having left arm numbness. An epidural injection at C5-6 had provided pain relief. Physical examination findings included a BMI of over 38. There was cervical myofascial tenderness with decreased range of motion. There was decreased left upper triceps strength. There was decreased upper extremity strength in a non-dermatomal pattern. An MRI of the cervical spine in September 2012 included findings of a C5-6 disc protrusion without canal or nerve root impingement and without foraminal encroachment. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. Imaging does not demonstrate neural compromise. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree and duration of any pain relief following the previous injection is not documented. The requested epidural steroid injection was not medically necessary. Moderate sedation is also being requested for the procedure. A patient 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 being requested. 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 for this reason as well.