

<b>Case Number:</b>	CM15-0166970		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	06/27/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 45 year old female, who sustained an industrial injury on 6-27-09. She reported pain in her right shoulder that radiated down her right arm. The injured worker was diagnosed as having cervical stenosis and chronic pain. Treatment to date has included an EMG-NCS showing right C5-C6 radiculopathy, a cervical MRI, cervical epidural injections with benefit, acupuncture, NSAIDs and topical creams. A review of physical findings (4-17-14 through 5-15-14) indicated a positive Spurling's maneuver and left sided trapezius spasms. As of the PR2 dated 7-6-15, the injured worker reports pain in her neck and upper extremities. Objective findings include cervical flexion 20 degrees, extension 20 degrees and a positive Spurling's maneuver. The treating physician requested a cervical epidural steroid injection, each additional level times two, Cervical Epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection, each additional level times two, Cervical Epidurogram, insertion of cervical catheter, fluoroscopic guidance, IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**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 June 2009 and continues to be treated for neck pain with upper extremity radicular symptoms. Prior treatments are referenced as having included cervical epidural injections with 60% pain relief lasting for more than eight months after the last injection. When seen, review of systems was negative for anxiety. Physical examination findings included appearing in pain and in acute distress. There was decreased and painful cervical spine range of motion with tenderness. There was increased trapezius muscle tone. Spurling's testing was positive. There was decreased upper extremity sensation in a C7 distribution. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had 60% pain relief lasting for 8 months and the requested epidural injection is within applicable guidelines and medically necessary. However, moderate sedation is also being requested for the procedure. A patient needs 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.