

<b>Case Number:</b>	CM15-0180993		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/07/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 52 year old male, who sustained an industrial injury on September 7, 2014. He reported immediate neck pain and right arm pain. The injured worker was currently diagnosed as having electrophysiological evidence of a right C6 radiculopathy secondary to MRI evidence of C5-6 degenerative spondylosis with foraminal stenosis. Treatment to date has included diagnostic studies, psychotherapy, injection, transcutaneous electrical nerve stimulation unit with benefit and medications. A right cervical epidural injection, on June 9, 2015, provided "poor pain relief." On August 20, 2015, the injured worker complained of neck pain and right arm pain with numbness and weakness. His right-sided neck pain alternates between a sharp stabbing pain to a deep dull and aching pain. The pain involves the trapezius and right parascapular region and then skips into his forearm, involving the entire right hand. Cervical flexion and extension was 30 degrees, cervical rotation was 45 degrees to either side and lateral cervical flexion was 10 degrees. Spurling test was positive on the right side. The treatment plan included a repeat right C5-6 transforaminal steroid injection, a repeat cervical MRI and possible anterior C5-6 decompression, fusion and instrumentation in the near future. On September 4, 2015, utilization review denied a request for transforaminal cervical epidural steroid injection at right C5-6 with moderate sedation and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal cervical epidural steroid injection at right C5-6 with moderate sedation and fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in July 2014 and is being treated for neck and right arm pain and secondary depression. On 06/09/15, a cervical interlaminar epidural steroid injection was done with conscious sedation. When seen, there had been poor pain relief after the injection. Prior conservative treatments had included medications, physical therapy, and acupuncture. An MRI of the cervical spine in October 2014 had shown findings of right lateralized foraminal stenosis at C5/6 and electrodiagnostic testing on January 2015 confirmed a right C6 radiculopathy. Physical examination findings included positive right Spurling's testing and decreased right hand sensation. The claimant's past medical history includes diabetes, hypertension, CVA, liver disease, and hyperlipidemia. Review of systems is negative for anxiety. Guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A second block is not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. In this case, a transforaminal epidural steroid injection is being requested after the prior interlaminar epidural steroid injection, which was not effective. The claimant's imaging and electrodiagnostic testing corroborate his radicular symptoms and support the procedure being requested. A second diagnostic epidural steroid injection using the proposed transforaminal approach is medically necessary. However, 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 or 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.