

<b>Case Number:</b>	CM15-0003932		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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:

This male injured worker, (no date of birth/age documented), sustained an industrial injury on 09/05/2013. The injured worker was diagnosed with cervical disc protrusions, cervical radiculopathy, right shoulder impingement syndrome, lumbar spine sprain/strain and lumbar disc protrusions and facet arthropathy. The injured worker is status post right elbow ulnar nerve transposition and carpal tunnel release approximately in May 2014 (no actual date documented, 6 months prior to the report). Treatment to date was noted as diagnostic testing, surgery and a subacromial steroid injection in September 2014. According to the primary treating physician's progress report on November 25, 2014, the injured worker continues to experience pain and paresthesias in the small and ring fingers arising from the neck to the right upper extremity and shoulder pain. Examination of the cervical spine demonstrated mild trapezius tenderness with slight restriction in range of motion due to pain. Neurologic examination was intact. The right shoulder examination revealed anterior subacromial tenderness with decreased range of motion and pain at the extremes of motion. Positive impingement and Hawkins tests were noted with full rotator cuff strength. The right elbow was healed with near full range of motion with pain at extremes of motion. There was a slight decreased in sensation in the ulnar nerve distribution. The lumbar spine had no tenderness to palpation with restriction in range of motion. Current medications were not documented. Treatment plan consists of the current request for 2 cervical epidural steroid injections at C6 on the right under fluoroscopic guidance and IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████████ for 2 cervical epidural injections at C6 on the right under fluoroscopic guidance with IV sedation/monitored anesthesia care: Upheld**

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

**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 Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI) and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults.

**Decision rationale:** The claimant sustained a work injury and September 2013 and continues to be treated for neck pain with right upper extremity radiating symptoms. An MRI of the cervical spine in September 2013 included findings of severe C6-7 bilateral foraminal narrowing and EMG/NCS testing in February 2014 included findings of chronic right C6 radiculopathy. When requested, there was decreased and painful range of motion with mild trapezius tenderness. There was decreased sensation in an ulnar nerve distribution. Authorization for two cervical epidural injections was requested. In terms of epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless: (a) There is a question of the pain generator; (b) There was possibility of inaccurate placement; or (c) There is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had not undergone the first diagnostic injection. Requesting authorization for a second epidural steroid injection was not appropriate and cannot be considered as being medically necessary. MAC (monitored anesthesia care) anesthesia is also being requested for the procedure. There is no indication for the use of MAC anesthesia and this request is not medically necessary for this reason as well.