

<b>Case Number:</b>	CM15-0117943		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 53-year-old female who sustained an industrial injury on 5/17/2013 resulting in cervical pain radiating to the upper extremities, bilateral numbness and tingling in the fingers, and occipital pain radiating to the front of her head. The injured worker was diagnosed with cervical radiculopathy, myofascial pain syndrome, back pain/strain, and degenerated cervical disc disease. Treatment has included medication, epidural steroid injections, physical therapy, occupational therapy, moist heat, and home exercise. Treatments have resulted in some improvement in range of motion, but no reported reduction of pain intensity or functional improvement. The injured worker continues to report cervical and bilateral upper extremity pain, bilateral finger numbness and tingling, right-handed weakness, bilateral shoulder and elbow pain, radiating occipital pain, blurring, photosensitivity and tinnitus. She has difficulty with some activities of daily living. The treating physician's plan of care includes cervical epidural steroid injection, anesthesia with x-ray, and fluoroscopic guidance at C7-T1. She is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection, anesthesia w/x-ray, fluoroscopic guidance levels C7- T1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46. 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 2013 and continues to be treated for radiating neck pain. When seen, there was markedly decreased cervical range of motion with severe tenderness. There was decreased upper extremity strength especially affecting hand grip strength. There was upper extremity allodynia. An MRI of the cervical spine included findings of moderate C4-5 canal stenosis as well as the claimant's prior cervical fusion. A cervical epidural steroid injection including anesthesia 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 electrodiagnostic testing. In this case, the claimant's provider documents decreased upper extremity strength and abnormal upper extremity sensation but a myotomal or dermatomal pattern is not documented. There is no documented positive neural tension test. Additionally, monitored anesthesia is being requested. 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 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 monitored anesthesia and this request is not medically necessary for this reason as well.