

Case Number:	CM15-0125734		
Date Assigned:	07/10/2015	Date of Injury:	07/19/1999
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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 59-year-old woman sustained an industrial injury on 7/19/1999. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 1/30/2015. Diagnoses include cervical spine degenerative disease with foraminal stenosis and radiculopathy. Treatment has included oral medications, TENS unit, and surgical intervention. Physician notes from an initial pain management consultation dated 6/10/2015 show complaints of neck pain with radiation to the bilateral upper extremities with numbness and tingling, bilateral shoulders, upper extremities, and back pain rated 9/10. Recommendations include intralaminar cervical epidural steroid injection, pain management psychologist consultation, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Epidural at C7-T1 with cath to C6 under fluoroscopy and monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic) Epidural Steroid Injections (ESI).

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-related injury in July 1999 and continues to be treated for neck and bilateral upper extremity pain. Treatments included a cervical fusion and subsequent hardware removal. When seen, there was bilateral upper extremity pain and numbness. There was decreased and painful cervical spine range of motion with tenderness. There was decreased right upper extremity sensation. Imaging results included an MRI in January 2015 showing multiple areas of foraminal and canal stenosis. A cervical epidural steroid injection with monitored 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 electro diagnostic testing. In this case, the claimant's provider documents decreased upper extremity sensation and imaging is reported as showing multilevel foraminal and canal stenosis. Monitored anesthesia is also being requested for the procedure. 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. In this case, there is no history of movement disorder or poorly controlled spasticity such as might either occur due to 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.