

Case Number:	CM15-0127636		
Date Assigned:	07/17/2015	Date of Injury:	06/13/2013
Decision Date:	08/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

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 47 year old male who sustained an industrial injury on 6-13-13 with current complaints of neck pain, headaches, and neuropathic symptoms in the bilateral upper extremities. Diagnoses are cervical disc displacement without myelopathy, cervical spinal stenosis, injury ulnar nerve, and carpal tunnel syndrome. In a progress note dated 5-22-15, the treating physician reports constant neck pain with radiation of numbness and tingling in arms and hands, the left side worse than the right. He states his left arm goes numb while he is driving. He continues on Nucynta IR 50mg, in which the dose was increased at his last visit. He also takes Gabapentin, Meloxicam and Escitalopram. There is spinous process tenderness of C5, C6, and C7 and increased pain on flexion and extension. Paravertebral muscle exam notes tenderness and hypertonicity bilaterally. In a progress report dated 2-9-15 the physician notes Nucynta IR gave him the most relief; 80% pain relief and was able to walk and stand for longer periods of time, and without medications, he ends up staying in bed most of the day because it hurts to move around. An upper extremity electromyogram suggests left sided C6-C7 radiculopathy, as well as mild bilateral ulnar neuropathy and mild-moderate right carpal tunnel syndrome. A cervical MRI done 7-9-13 showed C5-C6 disc herniation with an otherwise negative spinal canal with moderate central canal stenosis and equivocal left ventral cord effacement. An MRI of the cervical spine done 5-12-15 reveals a stable C5-C6 mild left paracentral and lateral disc protrusion and osteophytic ridging creating mild-to-moderate left lateralizing central spinal canal stenosis and probable cord effacement. Work status is that he is permanent and stationary. Previous treatment includes 12 sessions of physical therapy, acupuncture but has not noted any

improvement, urine drug screening 2-9-15, Flector patches, Nucynta, Cymbalta, and failed on-Hydrocodone; Tramadol, and Tylenol with Codeine. The requested treatment is for cervical epidural steroid injection x1, each additional level x2, cervical epidurogram x1, insertion of a cervical catheter, intravenous sedation x1, and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection x 1, each additional level x 2, Cervical epidurogram x 1:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CESI
Page(s): 46-47.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, the MRI and EMG appear to corroborate a C5-6 radiculopathy. In this case, the provider has clarified the request is for a CESI at 2 levels with the use of catheter and epidurogram. This request is medically appropriate. Please note that the IMR process only comments on medical appropriateness, and the appropriateness of the billing codes in this case should be determined by the claims administrator. In general, for a CESI, only one CPT of 62310 is allowable, and additional levels are only billable if a transforaminal approach is utilized. Therefore, the request for CESI with epidurogram is medically necessary, but the CPT codes need to re-clarified.

Insertion of cervical catheter: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CESI
Page(s): 46-47.

Decision rationale: Regarding the request for cervical epidural catheter, this is an adjunct to a cervical steroid injection and can be utilized to direct medication at specific levels. The California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy.

Furthermore, the MRI and EMG appear to corroborate a C5-6 radiculopathy. In this case, the provider has clarified the request is for a CESI at 2 levels with the use of catheter and epidurogram. This request is medically appropriate. Please note that the IMR process only comments on medical appropriateness, and the appropriateness of the billing codes in this case should be determined by the policies of the claims administrator. In general, for the use of a catheter in a CESI, there is no separately billable code under Medicare guidelines. Therefore, the request for cervical catheter is medically appropriate for use in conjunction with a CESI.

IV sedation x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - IV sedation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Low Back Chapter and Other Medical Treatment Guidelines National Guideline Clearinghouse, ACR SIR practice guideline for sedation/analgesia.

Decision rationale: In this case, there is controversy over whether IV sedation is medically necessary for this interventional spine procedure. The CA MTUS does not directly address this issue. The ODG Neck and Low Back Chapters state that IV sedation is not appropriate for diagnostic medial branch blocks or diagnostic facet injections. However, there is limited commentary regarding situations where this is appropriate. Instead, the guidelines of the NGC are cited. The guideline was authored collaboratively by the American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) "to assist physicians in the safe administration of sedation/analgesia and monitoring of patients receiving sedation/analgesia outside the operating room. Sedation/analgesia allows patients to tolerate diagnostic imaging, image-guided interventions, and radiation oncology procedures by relieving anxiety, discomfort, or pain. It facilitates and may optimize diagnostic imaging, image-guided interventions, and radiation oncology procedures that require patient cooperation." Within the documentation available for review, there is a documented indication for a CESI. The provider notes that the patient experiences some anxiety. Therefore, per guidelines, light IV sedation is appropriate. This request is medically necessary.

Fluoroscopic guidance x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Fluoroscopy.

Decision rationale: Regarding the request for fluoroscopic guidance, Official Disability Guidelines state that fluoroscopy is recommended when performing epidural steroid injections. Specifically, the Neck Chapter states: "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." Given that the CESI is warranted, the use of fluoroscopy is warranted. Note that the IMR process does not comment on whether certain billing codes will be considered global to a procedure or not (ie, whether fluoroscopy is included in the CPT for CESI).