

Case Number:	CM15-0173044		
Date Assigned:	09/15/2015	Date of Injury:	09/02/2010
Decision Date:	11/10/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/02/2015

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

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 55-year-old male who sustained an industrial injury September 2, 2010. History included arthroscopic surgeries knees (not specified) fusion L2-L3 November 24, 2014, redo of L3-L4, and fusion L4-L5, post laminectomy syndrome, and hypertension. According to a primary treating physician's progress report dated July 28, 2015, the injured worker presented for re-evaluation of his neck, shoulders and low back pain. He reported physical therapy is helping; particularly his lower back and shoulder pain. He has less burning in his low back, continues to have achy pain in the neck, which radiates up to the head with numbness and tingling in the arms and low back pain with aching in the buttocks and the right lateral leg. He is currently taking gabapentin and Nortriptyline with good relief and Lisinopril, Metoprolol and Advil. He rated his pain 2-3 out of 10 without medication and 1 out of 10 with medication. He has been walking on a regular basis. The physician documented he has had three cervical epidural injections in the past with greater than 50% relief for up to six months but has not had one in a couple of years. The last epidural injection was in 2012, without benefit, prior to the last lumbar surgery. Objective findings included: 6'4" and 331 pounds; cervical spine- tender in the lower paracervical muscles, range of motion decreased in all fields but significantly with extension and left lateral bending; bilateral shoulder-minimal tenderness, range of motion improved to 150 degrees of abduction and 165 degrees of forward flexion; lumbar spine- tender in the paraspinal muscles L4-S1 and the right facets L4-S1, range of motion is 40 degrees of forward flexion and 15 degrees of extension; sensation is decreased in the right lateral and medial forearm, Spurling's positive bilaterally, sensation decreased in the right lateral leg, straight leg raise causes pain to the right

buttock, Patrick's is negative. Impressions are documented as chronic neck pain; cervical discogenic neck pain; cervical spinal stenosis; chronic low back pain; chronic pain syndrome. At issue, is the request for authorization for C6-C7 interlaminar epidural steroid injection with fluoroscopic guidance and sedation. According to utilization review dated August 4, 2015, the request for C6-C7 interlaminar epidural steroid injection with fluoroscopic guidance and sedation is modified to allow C6-C7 interlaminar epidural steroid injection fluoroscopic guidance without sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 Interlaminar Epidural Steroid Injection with Fluoroscopic Guidance and Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation National Clearinghouse Guidelines, ACR (American College of Radiology) and SIR (Society of Interventional Radiology), ACR-SIR practice guidelines for Sedation/Analgesia: It facilitates and may image-guided interventions, and radiation oncology procedures that require patient cooperation.

Decision rationale: Review indicates the request for C6-C7 interlaminar epidural steroid injection with fluoroscopic guidance and sedation is modified to allow C6-C7 interlaminar epidural steroid injection fluoroscopic guidance without sedation. Guidelines are silent on use of IV sedation for patient undergoing MRI study and state the use of IV sedation in interventional pain procedures such as nerve blocks and RFA may negate the results of the diagnostic block, as symptom response is needed for outcome evaluation. Use during procedures should only be given in cases of extreme anxiety, not demonstrated here. The ACR-SIR (American College of Radiology and Society of Interventional Radiology) notes the use of sedation and analgesia may be an option for patient undergoing image-guided interventions and radiating oncology procedures not seen here. Submitted reports have not identified any medical comorbidities or extenuating circumstances to support for use of IV sedation during an interlaminar epidural injection. The C6-C7 Interlaminar Epidural Steroid Injection with Fluoroscopic Guidance and Sedation is not medically necessary and appropriate.