

<b>Case Number:</b>	CM15-0173141		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 73 year old male who sustained an industrial injury on 07-11-2012. According to a progress report dated 07-24-2015, the injured worker reported neck pain was worse. He continued to see another provider for shoulder pain. Medications continued to help. He was taking Norco for "severe" pain. Pain was described as aching and stabbing in the right shoulder and neck. Pain was rated 7 on a scale of 1-10 without medications and 5 with medications. There were no new symptoms or neurological changes. Past surgical history included shoulder surgery in June 2014. Gait was antalgic. Right shoulder examination demonstrated moderate tenderness and muscle tightness in the posterior right shoulder and limited abduction due to pain. Hawkins and Neer's were both positive on the right side. Examination of the cervical spine demonstrated minus 5 out of 5 for upper extremity strength of the right side and a 5 out of 5 muscle strength on the left side. Grip strength was a 5 out of 5 bilaterally. Sensation was intact but diminished in the left arm. Moderate tenderness and spasm was noted over the paraspinals. There was tenderness over the facet joints. There were limited rotations due to pain especially with flexion. Cervical MRI performed on 07-09-2015 showed C3-4; a 5 millimeter left paracentral extrusion extending 3 millimeters inferiorly and 2 millimeters superiorly from the intervertebral disc level causing central canal stenosis and mild bilateral neural foraminal narrowing. Left shoulder MRI was performed on 04-08-2015. Impression included SLAP lesion of shoulder, shoulder impingement syndrome, right shoulder pain, acromioclavicular joint arthritis, neck pain, cervical degenerative disc disease and cervical stenosis. The provider noted that the injured worker had tried and failed physical therapy. The

treatment plan included an interlaminar cervical epidural steroid injection at C6, 7 with fluoroscopic guidance and conscious sedation. A prescription was given for Norco. The injured worker was temporarily totally disabled. An authorization request dated 07-24-2015 was submitted for review. The requested services included Norco 10-325 mg and cervical epidural steroid injection with conscious sedation. Another authorization request dated 08-24-2015 was submitted for review. The requested services included appeal of denied cervical epidural steroid injection. On 08-28-2015, Utilization Review non-certified the request for interlaminar CESI (Cervical epidural steroid injection) at C6-7 with conscious sedation and fluoroscopic guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Interlaminar CESI (Cervical epidural steroid injection) at C6-7 with conscious sedation and fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back Chapter Epidural steroid injection (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). 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 injury in July 2012 and continues to be treated for neck, right shoulder, right grip, left knee, and head pain. An MRI of the cervical spine in July 2015 included findings of a left lateralized C3/4 disc extrusion causing severe canal stenosis and mild bilateral foraminal narrowing. When seen, he had worsening neck pain. He was having stabbing right neck and shoulder pain. Pain was rated at 5/10 with medications. Physical examination findings included an antalgic gait. There was decreased right shoulder range of motion with tenderness and positive impingement testing. There was decreased right upper extremity strength and left upper extremity sensation. There was decreased and painful cervical flexion and facet tenderness. There were moderate paraspinal muscle spasms with tenderness. A cervical epidural injection was being requested. Review of systems is positive for depression and anxiety. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy 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 sensation and imaging is reported as showing multilevel foraminal narrowing. However, sedation is also being requested for the procedure. A patient needs 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 being requested. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. Although the claimant may have depression and anxiety, no medications are being prescribed for these conditions and 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.