

Case Number:	CM15-0174037		
Date Assigned:	09/15/2015	Date of Injury:	07/08/2013
Decision Date:	10/15/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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 50 year old male, who sustained an industrial injury on July 8, 2013. He reported neck pain with associated right upper extremity pain, tingling, numbness and burning. The injured worker was diagnosed as having cervical radiculitis, cervical degenerative disc disease and herniated nucleus pulposus. Treatment to date has included diagnostic studies, medications, TENS unit, ice and heat, acupuncture, physical therapy, cervical epidural steroid injection (CESI) and work restrictions. His status was noted as temporarily totally disabled. Currently, the injured worker continues to report neck pain with associated right upper extremity pain, tingling, numbness and burning. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on February 11, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. Evaluation on August 12, 2015, revealed continued pain as noted. He rated his pain at 9 on a 1-10 scale with 10 being the worst. He noted 50% relief with a past CESI. He also reported temporary relief with acupuncture and physical therapy. Right CESI at cervical 5-6 and cervical 6-7 was recommended. The RFA included a request for Single Level Right C5-C6 or C6-C7 Epidural Steroid Injection under Fluoroscopy and was modified on the utilization review (UR) on August 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Level Right C5-C6 or C6-C7 Epidural Steroid Injection under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back 9updated 5/12/15), Online Version, Fluoroscopy (for ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 2013 and continues to be treated for neck pain with right upper extremity radiating symptoms. A cervical epidural injection in July 2014 is referenced as providing 50% pain relief lasting for more than four months. When seen, he was having severe neck pain radiating into the right upper extremity. Pain was rated at 9-10/10. Physical examination findings included cervical paraspinal muscle tenderness and muscle spasms. There was decreased and painful range of motion. There was decreased right upper extremity sensation. Authorization for another epidural injection was requested. A single level injection was requested to be performed at either the C5-6 or C6-7 level. Monitored anesthesia was requested. When the request was made, review of systems was negative for any anxiety or depression and the claimant's past medical history was positive for hypertension, hypothyroidism, and hyperlipidemia. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the claimant's provider documents decreased upper extremity sensation and the claimant was having radicular pain. The prior injection is referenced as providing 50% pain relief lasting for four months. In this case, 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. There is no history of severe panic attacks or poor response to prior injections and when the request was made there was no anxiety or depression. There is no indication for the use of monitored anesthesia and this request is not medically necessary for this reason.