MAXIMUS Federal Services

Case Number:	CM15-0174336		
Date Assigned:	09/16/2015	Date of Injury:	06/10/2005
Decision Date:	10/16/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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 (IW) is a 59 year old male who sustained an industrial injury on 06-10-2005. The injured worker was diagnosed as having cervical disc disease with radiculopathy, and diffuse idiopathic skeletal hyperostosis (DISH). Treatment to date has included a Cervical Epidural Steroid Injection (CESI) given 03-20-2015, which provided more than 65 percent pain relief, and oral pain medications. In the provider notes of05-12-2015, the worker reports that his epidural is wearing off. He complains of intermittent moderate neck pain with radiation down the left arm and intermittent moderate low back pain with radiation down the left leg. On 06-19-2015, the injured worker was seen in follow up and was complaining of intermittent moderate neck pain with radiation to left arm. He was also following up with a pain management specialist. Examination of the cervical spine revealed tenderness to palpation with spasms and slight restricted range of motion secondary to complaint of discomfort and pain. Examination of the bilateral shoulders revealed tenderness to palpation of the bilateral trapezius musculature with weakness in right biceps strength and shoulder sling. There was restricted range of motion secondary to complaints of discomfort. Examination of the bilateral wrists and hands revealed tenderness to palpation, weakened grip, slightly restricted range of motion, and positive Tinel's and Phalen's signs on the right. Examination of the lumbar spine revealed tenderness to palpation around the paralumbar musculature with muscle spasms. There was slightly limited range of motion secondary to discomfort. Current medications include Soma, Neurontin, and Restone. Cyclobenzaprine was prescribed for muscle spasms. A request for authorization was submitted for C5-C6 cervical steroid injection with monitored anesthesia care. A utilization review decision on 08-10-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 cervical steroid injection with monitored anesthesia care: Upheld

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

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 has a remote history of a work injury occurring in June 2005 and continues to be treated for neck and low back pain with radiating left upper and left lower extremity symptoms. The claimant was seen for an internal medicine evaluation in February 2015. His past medical history included depression. A cervical epidural injection in March 2015 is referenced as providing more than 65% pain relief. Eight weeks after the injection, the effect was wearing off. When seen on 07/09/15 he was having neck pain that was making it difficult to perform activities of daily living. Physical examination findings included decreased and painful range of motion. There was decreased upper extremity sensation. A repeat epidural injection was requested. Intravenous sedation was requested with the rationale given as the claimant had a fear of undergoing a spinal injection. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection should be based on documented pain and functional improvement, including at least 50% pain relief for six to eight weeks. In this case, the claimant had a 65% improvement in pain after the injection that was done lasting for at least 8 weeks and reports decreased function after the effects of the injection had worn off. A repeat cervical epidural steroid injection can be considered medically necessary. However, monitored anesthesia care is also being requested for the procedure. 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 has a history of depression, there is no history of severe panic attacks or poor response to prior injections. There are other forms of sedation available. There is no indication for the use of monitored anesthesia care and this request is not medically necessary for this reason.