

Case Number:	CM15-0174716		
Date Assigned:	09/16/2015	Date of Injury:	08/30/2013
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 58 year old female, who sustained an industrial injury on 08-30-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical spine disc disease with left upper extremity radiculitis, severe myofasciitis to the left trapezius and scapular area, left shoulder pathology status post subacromial decompression, lateral epicondylitis, and left wrist pain-sprain. Treatment and diagnostics to date has included cervical epidural steroid injection, left shoulder surgery, physical therapy, acupuncture, and medications. Electromyography study dated 08-12-2015 "does not demonstrate acute or chronic reinnervation in the bilateral upper extremities. There is no evidence of radiculopathy". In a progress note dated 08-03-2015, the injured worker presented for a follow up from her cervical epidural steroid injection with neck pain extending into her trapezius down her left arm into the hand. The physician stated "We discussed this procedure at length and the patient reports that her pain has returned to baseline since her last procedure and would like to proceed with a repeat epidural steroid injection". Objective findings included straightening of the normal cervical alignment and curvature, "moderate to severe pain between the base of the skull and occipital region, down the paravertebral paraspinous area, to the T1 spinous process", decreased range of motion, and decreased sensation in the left lateral forearm. The physician also noted that "cervical spine MRI date 11-20-2013 is remarkable for multi-level degenerative changes of the cervical spine, most severe at the level of C4-C5. It is also noted bilateral facet hypertrophy that is resulting in significant bilateral neural foraminal narrowing and mild spinal canal stenosis". The request for authorization dated date requested requested taxes. The Utilization Review with a

decision date of 08-25-2015 non-certified the request for cervical epidural injection with IVCS (intravenous conscious sedation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection with IVCS (intravenous conscious sedation) under fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for Cervical epidural injection with IVCS (intravenous conscious sedation) under fluoroscopy, 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 electrodiagnostic testing. Guidelines state that repeat epidural injections should be based on documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement. Within the documentation available for review, there are no electrodiagnostic studies supporting a diagnosis of radiculopathy and no documentation of at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks and functional improvement following previous epidural injections. In the absence of such documentation, the currently requested Cervical epidural injection with IVCS (intravenous conscious sedation) under fluoroscopy is not medically necessary.