

<b>Case Number:</b>	CM15-0179899		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 67 year old female, who sustained an industrial injury on 01-30-2003. She has reported subsequent neck and low back pain and was diagnosed with lumbago, cervicgia and cervical and lumbar disc disorder and status post reverse total shoulder arthroplasty of the right shoulder. Treatment to date has included oral pain medication, physical therapy, application of ice and surgery. In a progress note dated 02-23-2015, the injured worker was noted to be one-year postoperative right shoulder reverse total shoulder arthroplasty and was having more severe pain over the prior three months. X-rays of the right shoulder on 02-23-2015 were noted to show some lucency about the screws in the glenoid and a CT scan of the right shoulder performed on 03-30-2015, showed suggestion of a broken screw in the glenoid component. In a progress note dated 07-22-2015, the injured worker was seen for an initial pain management consultation. Neck pain was noted as the chief complaint and the problem was noted to involve the neck, mid back, low back and right arm but there was no documentation of the subjective complaints during that visit or the severity of pain. Objective examination findings showed asymmetry of the neck and shoulder with tilting of the head and neck to the left, decreased sensation to light touch over the C5-C6 dermatome, tenderness to palpation over the trapezial area and restricted range of motion. Work status was documented as maximal medical improvement. A request for authorization of cervical steroid injection C5-C6 under monitored anesthesia care was submitted. As per the 08-17-2015 utilization review, the request for cervical steroid injection C5-C6 under monitored anesthesia care was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical steroid injection C5-C6 under monitored anesthesia care: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Cervical & Thoracic Spine Disorders, Epidural Steroid Injection.

**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) Neck section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical steroid injection at C5 - C6 under monitored anesthesia care is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. There is no evidence-based literature to make a firm recommendation as to sedation during the SI. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection but is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are degeneration cervical intervertebral disc; cervical radiculitis; and cervical disc displacement. Date of injury is January 30, 2003. Request for authorization is August 11, 2015. The documentation shows the injured worker received multiple cervical epidural steroid injections through 2010. There are no results or documentation from the prior cervical epidural steroid injections. There are no objective functional improvements associated with prior cervical epidural steroid injections (ESI). According to a July 22, 2015 progress note, the injured worker complains of ongoing neck pain and mid to low back pain and right arm pain. The documentation states x-rays, MRIs and a CT was performed. There were no results of

cervical MRIs, cervical x-rays or cervical CT in the medical record. There is a right shoulder CT scan performed. Objectively, there is spasm noted in the cervical paraspinal muscle groups. Neurologic examination was normal with no objective evidence of radiculopathy. Sedation is not generally necessary for an epidural steroid injection but is not contraindicated. There is no clinical indication or rationale for monitored sedation in the medical record. There are no compelling clinical facts indicating sedation is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication or rationale for monitored sedation and no evidence of a pre-anesthetic examination or evaluation or prescription for anesthesia care, cervical steroid injection at C5 - C6 under monitored anesthesia care is not medically necessary.