

Case Number:	CM15-0092542		
Date Assigned:	05/18/2015	Date of Injury:	09/27/2006
Decision Date:	06/19/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/13/2015

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 56-year-old female, who sustained an industrial injury on 09/27/2006. She has reported subsequent neck and low back pain and was diagnosed with cervical and lumbar disc disease and chronic pain syndrome. Treatment to date has included oral and topical pain medication, application of heat and ice and a TENS unit. In a progress note dated 05/05/2015, the injured worker complained of neck and low back pain radiating to the upper and lower extremities. Objective findings were notable for a mildly antalgic gait, tenderness in the lower paracervical muscles of the cervical and lumbar spine, decreased range of motion of the cervical and lumbar spine, palpable spasm of the lumbar spine and decreased sensation in the lateral arms. A request for authorization of C6-C7 interlaminar epidural steroid injection under fluoroscopic guidance with conscious sedation was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Interlaminar epidural steroid injection under fluoroscopic guidance with conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Pain section; Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, C6 - C7 interlaminar epidural steroid injection under fluoroscopy with conscious sedation is not medically necessary. 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, non-steroidal 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 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 neck pain; cervical disc disease; low back pain; lumbar disc disease; chronic pain syndrome; EMG bilateral upper extremities left C7 radiculopathy and moderate bilateral carpal tunnel syndrome. Subjectively, according to a progress note dated May 5, 2015, the injured worker complains of neck pain that radiates down both arms with numbness and tingling worse on the left. There is no documentation or indication of anxiety. EMG shows evidence of a C7 radiculopathy. Objectively, there is evidence of radiculopathy. Sedation is not generally necessary for an epidural steroid injection is not contraindicated. 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. There is no documentation the injured worker suffers with anxiety. Sedation is not clinically indicated with an epidural steroid injection. Consequently, absent clinical documentation of anxiety with guideline non-recommendations for conscious sedation, C6 - C7 interlaminar epidural steroid injection under fluoroscopy with conscious sedation is not medically necessary.