

<b>Case Number:</b>	CM15-0094473		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/29/2002
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old male, who sustained an industrial injury on September 30, 2002. He reported neck pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy. Treatment to date has included diagnostic studies, cervical steroid injection, conservative care, medications and activity restrictions. Currently, the injured worker complains of neck pain with associated numbness. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported benefit with previous injections however, he declined further cervical injection at this time. Magnetic resonance imaging of the cervical spine on December 4, 2013, revealed protrusions, mild osteophytosis, moderate canal stenosis and neural foraminal stenosis and facet osteoarthritis. Evaluation on January 13, 2015, revealed continued neck pain and numbness. Cervical injection under guided fluoroscopic guidance and anesthesia was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of Cervical Catheter Fluoroscopic Guidance IV Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

Index, 13th Edition (web), Neck and Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) IV sedation.

**Decision rationale:** Fluoroscopy and use of contrast are required for these injections, however, with respect to IV sedation, the ODG states that IV sedation should only be used in cases of extreme anxiety, and utilization review confirmed with the requesting clinic that the patient did not have documented fear of needles and previously tolerated the same procedure without severe anxiety. While the procedure is indicated, to include fluoro and contrast, IV sedation is not indicated, and therefore the request is not medically necessary.

**Cervical ESI C5-C6 and C6-C7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**Decision rationale:** Per the MTUS, Chronic Pain Guidelines (page 46), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications); the patient's record reflects documented unresponsiveness to conservative modalities; it also provides evidence of functional improvement after the prior steroid injection. The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, the request for additional epidural steroid injection at this time is medically necessary.