

Case Number:	CM13-0062010		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2012
Decision Date:	06/09/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year old female who reported an injury to her low back on 03/09/2012. The case notes indicate the patient having undergone an L3-4 and L4-5 epidural injection on the left under monitored anesthesia care. The case notes indicate the patient stating the initial injury occurred when the chair she was sitting on came loose causing her to fall resulting in low back pain with radiculopathy in the lower extremities. The clinical note dated 09/27/14 indicates the patient having complaints of low back pain with numbness and tingling in the lower extremities. Radiating pain was also identified in the left lower extremity. The patient was recommended for an epidural steroid injection at that time. The operative note dated 10/17/12 indicates the patient undergoing a left sided L3-4 and L4-5 epidural steroid injection. The procedure also took place under fluoroscopic guidance as well as the administration of monitored anesthesia. Anesthesia for procedures in lumbar region is in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANESTHESIA FOR PROCEDURES IN KUMBAR REGION, PROVIDED ON OCTOBER 17, 2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anesthesia, Barash, chapter 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACGME Residency Review Committee: Anesthesiology (2011-07-01). ACGME Program Requirements For Graduate Medical Education In Anesthesiology, effective: 1 July 2008. Review commit.

Decision rationale: The documentation indicates the patient having undergone an L3-4 and L4-5 epidural injection on the left on 10/17/12. The use of monitored anesthesia is generally not part of the standard of care for the procedure involving an epidural steroid injection in the lumbar region. No information was submitted confirming the need for monitored anesthesia for this procedure. Medical necessity for the requested service was not established. The requested service was not medically necessary.