

<b>Case Number:</b>	CM14-0004086		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 46-year old male who has submitted a claim for Left Lower Extremity Complex Regional Pain Syndrome associated with an industrial injury date of July 23, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of intermittent low back pain, rated 7/10. On physical examination, the patient had an antalgic gait and was unable to toe- and heel-walk. Thoracic spine examination was unremarkable. Lumbar spine examination revealed tenderness, spasm, tight muscle band, and trigger point of the paravertebral muscles. There was also tenderness of the coccyx, posterior iliac spine, sacroiliac joint, and spinous processes on L3-S1. Straight leg raising test was positive bilaterally. No motor deficits were noted. Sensation was decreased on the left lower extremity. Range of motion of the lumbar spine was normal. Treatment to date has included medications, left L4-5 laminotomy and discectomy, post-operative physical therapy, home exercise program, TENS unit, psychiatric care, and left lumbar sympathetic nerve block at L2 under monitored anesthesia care with IV sedation (September 25, 2013). Utilization review from December 26, 2013 denied the request for retrospective anesthesia that was used in combination with a certified injection DOS 9/25/2013 because there was no indication of anxiety or phobia with injection treatment in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REVIEW FOR ANESTHESIA THAT WAS USED IN COMBINATION WITH A CERTIFIED INJECTION (DOS 9/25/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Abram, S. E. and Hogan, Q. H. 2011. Avoiding Catastrophic Complications from Epidural Steroid Injections.  
<[http://www.apsf.org/newsletters/html/2011/spring/08\\_epidural.htm](http://www.apsf.org/newsletters/html/2011/spring/08_epidural.htm)>

**Decision rationale:** CA MTUS does not specifically address anesthetic care during interventional pain procedures. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Journal of the Anesthesia Patient Safety Foundation (APSF) was used instead. According to APSF, regarding epidural steroid injections, deep sedation must be avoided because the deeply sedated patient may become agitated and may move unexpectedly. Deep sedation also dilutes diagnostic response. In this case, the patient underwent monitored anesthesia care (MAC) with IV sedation for a left lumbar sympathetic nerve block at L2. However, there was no documentation of comorbidities or complaints that would require MAC. Therefore, the request for retrospective review for anesthesia that was used in combination with a certified injection (DOS 9/25/2013) is not medically necessary.