MAXIMUS Federal Services

Case Number:	CM14-0006547		
Date Assigned:	01/28/2014	Date of Injury:	08/17/1994
Decision Date:	01/30/2014	UR Denial Date:	01/10/2014
Priority:	Expedited	Application Received:	01/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

This 46 year-old male sustained an injury on 8/17/94. Request under consideration include conscious sedation. He is s/p anterior/posterior lumbar fusion at L4-S1; however, continues to treat for chronic pain. Current medications include Tylenol #3, Naproxen, and Flexeril. Other conservative treatment has included NSAIDs, Narcotic medications, muscle relaxants, physical therapy, and rest. Report of 12/31/13 noted the patient with complaints of lower back, neck, shoulder, arm, heel, and leg pain. Exam showed decreased sensation over posterolateral aspects of bilateral lower extremities, tenderness over the lumbar paraspinals, trigger point tenderness over L4-S1 on right, painful range of motion, and positive SLR bilaterally. Treatment recommendations included continuation of medications, home exercise program, referral to podiatry, continuation of psychotherapy, and lumbar epidural steroid injections to treat radicular pain with use in conjunction with other rehab efforts. Electrodiagnostic study of 10/26/12 showed bilateral S1 radiculitis. Request for interlaminar epidural steroid injection at L5-S1 under fluoroscopic guidance was certified on 1/9/14; however, the request for injection to be done with conscious sedation was non-certified, citing lack of medical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conscious sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections; and the Anthem Clinical UM Guidelines, Anesthesia Services and Moderate ("Conscious") Sedation,#CG-MED-21:Moderate ("Conscious") Sedation.

Decision rationale: This 46 year-old male sustained an injury on 8/17/94. Request under consideration include conscious sedation. He is s/p anterior/posterior lumbar fusion at L4-S1; however, continues to treat for chronic pain. Current medications include Tylenol #3, Naproxen, and Flexeril. Other conservative treatment has included NSAIDs, Narcotic medications, muscle relaxants, physical therapy, and rest. Report of 12/31/13 noted the patient with complaints of lower back, neck, shoulder, arm, heel, and leg pain. Treatment recommendations included continuation of medications, home exercise program, referral to podiatry, continuation of psychotherapy, and lumbar epidural steroid injections to treat radicular pain with use in conjunction with other rehab efforts. Electrodiagnostic study of 10/26/12 showed bilateral S1 radiculitis. Request for interlaminar epidural steroid injection at L5-S1 under fluoroscopic guidance was certified on 1/9/14; however, the request for injection to be done with conscious sedation was non-certified, citing lack of medical indication. ODG Guidelines states, "There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less 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 least amount of sedation for the shortest duration of effect is recommended." Submitted reports have not adequately addressed or demonstrated the need for conscious sedation. The conscious sedation is not medically necessary and appropriate.