

<b>Case Number:</b>	CM14-0009147		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/11/2006
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 70-year-old female who has submitted a claim for lumbar spinal stenosis, lumbar radiculopathy, lumbar disc displacement, lumbar spine degenerative disc disease, lumbar post-laminectomy syndrome, myofascial pain syndrome, lumbar degenerative facet disease, lumbar pain and lumbar spondylosis associated with an industrial injury date of July 11, 2006. Medical records from 2013 were reviewed, the latest of which dated December 23, 2013 revealed that the patient complained of worsening low back pain with radiation to the bilateral groin. The pain was located in the bilateral legs, knees, low back and groin. The pain was described as intermittent, aching, and cramping. The pain was made worse by standing, cold temperature, and walking. The pain was made better with rest and medication. The pain was rated at 7/10 at its best with medication and at 10/10 at its worst. The pain was worse in the afternoon and at night time. The patient was able to tolerate a pain level of 7/10. On physical examination, the patient walked with an antalgic gait, and had a slightly slouched posture. There was a decrease in range of motion of the back due to pain. There was also decreased range of motion against resistance. There were sensory deficits over the L2 and L3 dermatomes with numbness and tingling, and over the L5-S1 dermatome, right more than the left. Straight leg raising test was positive on the left. Motor strength was decreased in the left lower extremity. Treatment to date has included lumbar fusion (2007), and medications which include gabapentin, Norco, Lyrica, Kristalose, ibuprofen and citalopram hydrobromide. Utilization review from January 6, 2014 denied the request for monitored sedation because there is no evidence-based literature to make a firm recommendation as to sedation during an epidural steroid injection procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MONITORED SEDATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, EPIDURAL STEROID INJECTION.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. ODG states that 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 paresthesia associated with spinal cord irritation. In this case, monitored sedation was requested for the epidural steroid injection. However, monitored sedation is not guideline recommended. Therefore, the request for monitored sedation is not medically necessary.