

Case Number:	CM14-0127337		
Date Assigned:	08/15/2014	Date of Injury:	05/10/2013
Decision Date:	09/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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:

This is a 60 year-old female has reported low back pain after walking on 5/10/2013. The MRI dated 5/15/2014 was reported degenerative disc disease and an L5-S1 left posterior lateral herniation of the disc encroaching upon the central spinal canal and entering the vertebral foramen. She has been diagnosed with disk disease and radiculopathy. Treatment has been conservative, and has included physical therapy and medications. A surgeon has recommended surgery. She was referred to a pain medicine physician who evaluated her on 7/8/14. He recommended an epidural steroid injection. There was no discussion in that report of any anesthesia associated with the epidural steroid injection. The Request for Authorization of 7/16/14 does not list "anesthesia" as a request, although an anesthesia code, 00630 was listed. On 7/23/2014 Utilization Review certified an epidural steroid injection and non-certified a request for anesthesia to be used with an epidural steroid injection. Note was made of the MTUS and the Official Disability Guidelines recommendations, and lack of clear indications for anesthesia. The Independent Medical Review appeal was for "anesthesia", with no further details provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Epidural steroid injections (ESIs).

Decision rationale: The request for anesthesia lacks sufficient details to support medical necessity. The treating physician did not discuss the medical necessity in his report, and epidural steroid injections do not routinely require systemic anesthesia. The listed anesthesia CPT code is not the usual code for percutaneous therapeutic spinal injections; rather it is for unspecified procedures. Thus the medical necessity cannot be established using the available information. The MTUS does not provide direction for the use of anesthesia with epidural steroid injections. The Official Disability Guidelines are cited as an alternative. The Official Disability Guidelines recommend against sedation in general, and the use of sedation and/or anesthesia is indicated under very specific circumstances only. Given that the treating physician has provided no specific information regarding the need for anesthesia, the request for anesthesia (of whatever form that might be intended) is not medically necessary per guidelines.