

<b>Case Number:</b>	CM14-0157588		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/27/1992
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 48 year old female with a date of injury of 08/27/1992. She fell and developed low back pain. She had a L4-L5, L5-S1 fusion in 1998. On 12/27/2012 she had post surgical changes on lumbar MRI. On 10/08/2013 she had a lumbar epidural injection. On 02/13/2014 she was P&S (permanent and stationary). On 03/25/2014 she had a lumbar epidural injection. On 05/08/2014 she had a flare up of her back pain. She was approved for 12 sessions of massage therapy. Gait was antalgic. The muscle tone of all the extremities was normal and there was no atrophy. She was P&S. On 06/23/2014 it was noted that the back pain had improved 30% since the epidural injection. It was noted that she gets epidural injections every 4 months. On 07/29/2014 she had a lumbar epidural injection with IV sedation. On 08/05/2014 she noted a 50% improvement in back pain after the epidural injection on 07/29/2014. Previously she could only sit for 5 minutes and now for 15- 20 minutes. On 08/19/2014 she noted a 50% decrease in low back pain after the epidural injection on 07/29/2014. The past month was the high season at work - more activity. She was alert and had an antalgic gait. Extremities had normal muscle tone without atrophy. The diagnosis was post laminectomy syndrome. On 09/02/2014 she had decreased lumbar range of motion. Motor strength was 5/5. Reflexes were normal. There was straight leg raise test for the right lower extremity. On 09/16/2014 she had an office visit and her low back pain was decreased by 50% since her last lumbar epidural injection on 07/29/2014. Also, her left leg pain had resolved. Her pain is 3/10 with morphine and 6/10 without morphine. She continued working and using a treadmill and/or elliptical machine as well as swim regularly. She used Nortriptyline when her leg pain flares up. She had ITP with bleeding when in college. She had epidural injections in 01/2008, 10/2008, 02/2009, 10/2013, 03/2014 and 07/2014. Her medication included morphine, Nortriptyline, Gabapentin, Lidoderm patch, Levothyroxine and a multivitamin.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **IV sedation during lumbar epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, low back problems, epidural steroid injections

**Decision rationale:** MTUS, Chronic Pain, Epidural steroid injections does not mention the use of conscious sedation for epidural steroid injections. The patient has had numerous lumbar epidural injections in the past. In a previous review it was noted that ODG 2014 noted that conscious sedation may be indicated for epidural injections if there is severe anxiety. On 03/18/2014 she had an office visit prior to the 03/25/2014 epidural injection and there was no documentation of anxiety. On 07/22/2014 the office note indicated specifically that the patient denied anxiety. In the epidural injection note of 07/29/2014 there was no mention of any anxiety and there was no mention that conscious sedation was provided because the patient had anxiety. In the ODG, 2014 under Back Problems and in the two subsections about epidural steroid injections there was no mention of conscious sedation. There is insufficient documentation to substantiate the medical necessity for conscious sedation during epidural injections.