

<b>Case Number:</b>	CM14-0023501		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Georgia. 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 claimant presents with low back pain following a work-related injury on August 22, 2012. The claimant complains of low back pain with right leg pain. MRI of the lumbar spine on May 21st, 2013 was significant for multilevel facet disease, left paracentral disc protrusion at L3-4, moderate canal stenosis at L4-L5 due to broad-based disc bulging and hypertrophic changes and stenosis at L5-S1 with foraminal narrowing at L4-5 and L5-S1. At the L5-S1 level it was noted that there was disc bulging, ligamentous thickening and facet hypertrophy, the process of the disc bulging, ligamentous thickening and facet hypertrophy extends laterally on both sides with mild narrowing of the right neural foramen and moderate narrowing of the left neuroforamen. EMG nerve conduction studies on June 12, 2013 was significant for abnormal results suggested for bilateral chronic active L5 radiculopathy, right side greater than left as well as lesions consistent with verifiable radiculopathy in the right lower extremity. On November 15, 2013 the claimant had therapeutic caudal epidural injection, therapeutic percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots for analgesia left at L4-5, epidurogram myelogram without dural puncture, multiplanar fluoroscopy, lumbosacral AP and lateral all with monitored anesthesia care. The provider indicated that monitored anesthesia care was required for the procedure named above due to the patient's anxiety, low pain tolerance and prospect of hemodynamic instability in an abnormal position. The claimant was made for noninvasive pulse oximetry for oxygen saturation as well as anesthesia for procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **NON INVASIVE PULSE OXIMETRY FOR OXYGEN SATURATION: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Interventional Pain Management Other Medical Treatment Guideline or Medical Evidence: Center for Medicare and Medicaid Services (CMS) 482.52 Anesthesia Services.

**Decision rationale:** Noninvasive pulse oximetry is not medically necessary. According to the ACOEM, "monitoring devices such as electrocardiogram, blood pressure, and pulse oximetry are not universally employed for cervical or lumbar spinal procedures. Given procedures are often performed by anesthesiologist and operating rooms such as bleed blocks, are not monitored in a uniform manner as performed in pain clinics. Establishment of intravenous access for procedures also varies among practitioners." There is no indication for noninvasive pulse oximetry monitoring during the spinal procedure. Therefore, the requested service is not medically necessary.

## **ANESTHESIA PROCEDURE: 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 Other Medical Treatment Guideline or Medical Evidence: Center for Medicare and Medicaid Services (CMS) 482.52 Anesthesia Services.

**Decision rationale:** The Anesthesia Procedure is not medically necessary. The ODG, CA MTUS as well as the ACOEM do not make a formal statement on monitored anesthesia care for epidurals. According to the Center for Medicare and Medicaid services (CMS), monitored anesthesia care (MAC) is indicated and depends on the nature of the procedure, the patient's clinical condition, and or potential need to convert to general or regional anesthetic. Deep sedation/analgesia is included in MAC. Anesthesia services were not medically necessary as there was no evidence that the claimant had a medical condition requiring the need for sedation during the procedure. Is not medically necessary for the attendance of anesthesia provider during although to average wrist procedure such as epidural steroid injection under fluoroscopy. Anesthesia services are for only recommended insert in clinical situations in which comorbidities may place the patient at risk during the stated procedure. Therefore, the requested service is not medically necessary.

## **ANESTHESIA FOR PROCEDURES: 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 Other Medical Treatment Guideline or Medical Evidence: Center for Medicare and Medicaid Services (CMS) 482.52 Anesthesia Services.

**Decision rationale:** The Anesthesia for procedures is not medically necessary. The ODG, CA MTUS as well as the ACOEM do not make a formal statement on monitored anesthesia care for epidurals. According to the Center for Medicare and Medicaid services (CMS), monitored anesthesia care (MAC) is indicated and depends on the nature of the procedure, the patient's clinical condition, and or potential need to convert to general or regional anesthetic. Deep sedation/analgesia is included in MAC. Anesthesia services were not medically necessary as there was no evidence that the claimant had a medical condition requiring the need for sedation during the procedure. Is not medically necessary for the attendance of anesthesia provider during although to average wrist procedure such as epidural steroid injection under fluoroscopy. Anesthesia services for only recommended insert in clinical situations in which comorbidities may place the patient at risk during the stated procedure. Therefore, the requested service is not medically necessary.