

Case Number:	CM14-0086126		
Date Assigned:	07/23/2014	Date of Injury:	01/03/2013
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 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 injured worker is a 31-year-old male who reported an injury on 01/03/2013. The injury reportedly occurred after he was pulling a dolly. He is diagnosed with lumbar radiculopathy. His past treatments were noted to include modified duty, chiropractic care, physical therapy, and a previous lumbar epidural steroid injection on the left side at L5-S1. His symptoms were noted to include lumbar spine pain with radiation down the left lower extremity and associated numbness. He rated his pain at 4/10 to 5/10 on 04/07/2014. A 05/19/2014 report indicated that the injured worker reported 50% improvement after his previous epidural steroid injection. Therefore, he was being recommended for a second injection. A request was received for anesthesia of the head, neck, and trunk during his epidural steroid injection. Recent documentation submitted for review failed to address the need for anesthesia. However, a 08/06/2013 letter of medical necessity addressed the injured worker's need for intravenous sedation and managed anesthesia care during spinal injection procedures. The letter indicated that sedation was being recommended to improve safety by facilitating secure positioning of the injured worker during injection, and the treating provider indicated that intravenous sedation would benefit the injured worker both from a standpoint of safety and comfort. The provider concluded that he believed conscious sedation is mandatory for the majority of epidural injections, nerve blocks, and sacroiliac joint injections. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia head/neck/trunk (during ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections 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), Pain, Epidural steroid injections (ESIs).

Decision rationale: According to the Official Disability Guidelines, there is no evidence based literature to make a firm recommendation for sedation during an epidural steroid injection. The Guidelines go on to state that routine use of sedation is not recommended except for patients with significant anxiety. The clinical information submitted for review indicated that the injured worker was being recommended for a second epidural steroid injection and a previous letter of medical necessity indicated that his treating provider believed that sedation improves the safety and comfort during injections. However, there was no recent documentation or documentation specifically addressing whether the injured worker had anxiety regarding the injection procedure to warrant sedation. In the absence of documentation indicating that the injured worker had anxiety, the request is not supported. As such, the request is not medically necessary.