

Case Number:	CM14-0093263		
Date Assigned:	07/25/2014	Date of Injury:	11/19/2012
Decision Date:	10/01/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 50-year-old female who has submitted a claim for Thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of November 19, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back and left lower extremity pain. Examination revealed an SLR that was difficult to perform. Treatment to date has included a lumbar selective nerve root block injection done 3/17/2014. Utilization review from June 6, 2014 denied the request for Retrospective review for monitored anesthesia care (MAC) during a lumbar selective nerve root block injection DOS 3/17/14 because there is insufficient clinical evidence to support need for MAC level anesthesia for an ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for monitored anesthesia care (MAC) during a lumbar selective nerve root block injection DOS 3/17/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Abram, S. E. and Hogan, Q. H. 2011. Avoiding

Catastrophic Complications from Epidural Steroid Injections.

<http://www.apsf.org/newsletters/html/2011/spring/08_epidural.htm>

Decision rationale: CA MTUS does not specifically address anesthetic care during interventional pain procedures. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Journal of the Anesthesia Patient Safety Foundation (APSF) was used instead. According to APSF, regarding epidural steroid injections, deep sedation must be avoided because the deeply sedated patient may become agitated and may move unexpectedly. In this case, the patient underwent monitored anesthesia care (MAC) during a lumbar selective nerve root block. However, there was no documentation of comorbidities or complaints that would require MAC. The only comorbidity that this patient had was hypertension. A clear rationale for MAC was not provided. Therefore, the request for Retrospective review for monitored anesthesia care (MAC) during a lumbar selective nerve root block injection DOS 3/17/14 is not medically necessary.