

Case Number:	CM14-0193780		
Date Assigned:	12/01/2014	Date of Injury:	04/14/2003
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 claimant is a 61 yo male who sustained an industrial injury on 04/14/2003. The mechanism of injury was not provided for review. His diagnoses include lumbar disc disease, lumbar radiculopathy, and failed back syndrome. He continues to complain of low back pain which radiates down both legs into the calves with cramping, numbness, and burning. On physical exam he has decreased range of lumbar motion with pain. There were no motor or sensory deficits noted. Treatment in addition to surgery has included medications, physical therapy, and epidural steroid injections. The treating provider has requested epidurography and monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 epidurography: 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: Medscape Internal Medicine 2013: Epidurography

Decision rationale: Epidurography is both a diagnostic and treatment tool. It is used to assess the structure of the epidural space in the spine by injecting contrast dye under fluoroscopic guidance. This procedure is usually also done before epidural steroids are administered to ensure accurate delivery of therapeutic material to the source of your pain. The procedure is used in the detection of herniated discs that are not seen with myelography. Further research refers to the use of CT myelography as a more current imaging tool. There is no specific indication for the requested epidurography. Medical necessity for epidurography has not been established. The requested service is not medically necessary.

1 monitored anesthesia care: 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: American Society of Anesthesiologists: Monitored Anesthesia Care (MAC)

Decision rationale: According to the American Society of Anesthesiologists (ASA), a monitored anesthesia care (MAC) is a planned procedure during which the patient undergoes local anesthesia together with sedation and analgesia. Actually MAC is the first choice in 10-30% of all the surgical procedures. The 3 fundamental elements and purposes of a conscious sedation during a MAC are: a safe sedation, the control of the patient anxiety and the pain control. The patients undergoing conscious sedation are able to answer to orders appropriately and to protect airways. Last but not least, another purpose of any MAC is to get the patient appropriately satisfied, allowing him to get his discharge as faster as possible. There are many surgical procedures which can be performed using a MAC. The patient consciousness evaluation is of extreme importance during the surgical procedure performed with MAC: to this purpose the clinical and electroencephalographic evaluations such as Bispectral Index are very useful. MAC can be obtained with the association of fast half-life drugs or drugs getting a clinical effect which can vary according to the surgical requirements, using an infusion regiment. Apart from the pharmacological choice, this procedure can be performed with patient controlled sedation techniques or with continued intravenous infusion or with target controlled infusion. There are no specific guidelines that suggest the need for anesthesia during administration of an epidural steroid injection. Medical necessity for the requested service has not been established. The requested service is not medically necessary.