

Case Number:	CM14-0200802		
Date Assigned:	12/11/2014	Date of Injury:	02/16/2012
Decision Date:	03/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 16, 2012. In a utilization review report dated November 17, 2014, the claims administrator approved a cervical epidural steroid injection, denied monitored anesthesia care, and denied epidurography. The claims administrator interpreted the request for monitored anesthesia care as a request for sedation during the procedure. The claims administrator invoked non-MTUS ODG Guidelines to deny the request for monitored anesthesia care/sedation, mislabeling the same as originating from the MTUS. The claims administrator also referenced non-MTUS Medicare Guidelines to deny epidurography and, once again, mislabeled the same as originating from the MTUS. In a progress note dated August 21, 2014, the applicant reported persistent complaints of neck and low back pain. The applicant's neck pain was radiating into the left arm. The applicant did have comorbidities including hypertension. A cervical epidural steroid injection was endorsed. The applicant had a history of earlier lumbar epidural steroid injection therapy. Sedation and epidurography were also suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monitored anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/30/14), Epidural steroid injections (ESIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Epidural steroid injections (ESIs)

Decision rationale: 1. No, the request for monitored anesthesia (a.k.a. sedation) was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of sedation during epidural steroid injections. However, ODG's Chronic Pain Chapter, Epidural Steroid Injections Topic notes that routine usage of sedation during epidural steroid injection is not recommended except for applicants with anxiety. Here, there was no explicit mention of the applicant personally experiencing issues with anxiety on or around the date in question. Therefore, the request was not medically necessary.

Epidurography times 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Khna TH. Epidurography. Anaesth Pain & Intensive Care 2009;13(1):31-44 Epidurography offers the best method of confirming the needle or catheter tip location in the space, and has evolved itself a standard practice now.

Decision rationale: 2. Conversely, the request for epidurography was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. The request for epidurography represents a means of confirming needle position during epidural steroid injection therapy. As noted in a review article appearing in Anaesthesia, Pain, and Intensive Care in 2009, epidurography has evolved into a standard practice as it offers the best methods of confirming needle location in the epidural space. Therefore, the request for epidurography to be performed in conjunction with the previously approved epidural steroid injection was medically necessary.