

<b>Case Number:</b>	CM15-0213737		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 59-year-old male with a date of industrial injury 3-6-2014. The medical records indicated the injured worker (IW) was treated for cervical and lumbar discopathy. In the progress notes (6-9-15), the IW reported constant pain in the low back, rated 8 out of 10, radiating into the lower extremities, greater on the left, with associated tingling and numbness. On examination (6-9-15 notes), there was palpable lumbar paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension was guarded and restricted. There was numbness and tingling in the L5-S1 dermatomes. Treatments included medications (Soma, Ambien, Hydrocodone and aspirin). The IW was allowed to work without restrictions. The notes dated 3-30-15 stated the IW was diagnosed with hypertension and premature ventricular contractions (PVCs); he was seeing a cardiologist on a regular basis and was taking Toprol and Norvasc. Lumbar epidural steroid injections were authorized. A Request for Authorization was received for monitored anesthesia care. The Utilization Review on 10-8-15 non-certified the request for monitored anesthesia care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Monitored anesthesia care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter; sedation.

**Decision rationale:** Regarding the request for 1 Monitored anesthesia care, California MTUS does not address the issue. ODG states there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. It goes on to state routine use is not recommended. Within the documentation available for review, there is no rationale for why the injection is needed to be done with the addition of monitored anesthesia care. In the absence of such documentation, the currently requested 1 Monitored anesthesia care is not medically necessary.