

<b>Case Number:</b>	CM15-0081919		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female who sustained an industrial injury on 5/18/11. The injured worker reported symptoms in the right lower extremity. The injured worker was diagnosed as having complex regional pain syndrome right lower extremity. Treatments to date have included right lumbar sympathetic epidural catheter insertion (1/26/15), physical therapy, activity modification and medication management. Currently, the injured worker complains of right lower extremity discomfort. The plan of care was for monitored anesthesia care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective monitored anesthesia care provided during the right lumbar sympathetic injection (DOS 1/26/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS/Sympathetic and Epidural Blocks Page(s): 39-40.

**Decision rationale:** MTUS does not discuss or recommend Monitored Anesthesia Care during a sympathetic injection. The medical records in this case do not discuss a rationale for such monitored anesthesia care. Therefore, no guideline or clinical rationale has been identified to support this request. The request is not medically necessary.