

<b>Case Number:</b>	CM14-0135613		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with the date of injury of August 19, 2013. A Utilization Review dated July 28, 2014 recommended non-certification of monitored anesthesia care and epidurography. The utilization review determination recommends a certification for radiofrequency rhizotomy in the lumbar spine. A Progress Report dated July 3, 2014 identifies Subjective Complaints of low back pain that radiates into bilateral buttocks. Numbness and paresthesias are noted. Objective Findings identify paralumbar spasm is 2+ tenderness to palpation, bilaterally. Atrophy is present in the quadriceps. Decreased lumbar range of motion secondary to pain. Sensation to light touch is decreased on the right, decreased on the left, in the lateral calf, in the lateral foot. Diagnoses identify low back pain, lumbar disc displacement, and lumbar radiculopathy. Treatment Plan identifies rhizotomy of median branch of bilateral L4-5, L5-S1. Patient would like to have IV sedation because of fear of spinal injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monitored Anesthesia Care:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)

**Decision rationale:** Regarding the request for monitored anesthesia care, California MTUS does not address the issue. Official Disability Guidelines (ODG) states the use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Within the documentation available for review, it is clear the patient has already undergone diagnostic injections and has been certified for a radiofrequency rhizotomy. Radiofrequency rhizotomy is a therapeutic procedure, therefore there is no concern regarding clouding of diagnostic outcomes when using monitored anesthesia care for that procedure. Additionally, ensuring that the patient is comfortable and does not move is of utmost importance when heating the medial branch nerves in such close proximity to the lower extremity nerve roots. As such, the currently requested monitored anesthesia care is medically necessary.

**Epidurography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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: <http://www.ajnr.org/content/20/4/697.full>

**Decision rationale:** Regarding the request for epidurography, California MTUS and ODG do not address the issue. Guidelines state epidurography in conjunction with epidural steroid injections provides for safe and accurate therapeutic injection and is associated with an exceedingly low frequency of untoward sequelae. It can be performed safely on an outpatient basis and does not require sedation or special monitoring. Within the documentation available for review, the patient has been scheduled for rhizotomy. Guidelines state epidurography is appropriate for epidural steroid injections, but epidurography is not indicated for rhizotomy. As such, the currently requested epidurography is not medically necessary.