

<b>Case Number:</b>	CM14-0097350		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old female was reportedly injured on April 20, 2010. The most recent progress note, dated April 25, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity with numbness, tingling, and weakness. The physical examination demonstrated decreased lumbar spine range of motion and a positive right-sided straight leg raise test at 40. There was decreased sensation at the right lateral thigh and calf and in the dorsum of the right foot. Motor strength of the lower extremities was rated at 5/5. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at L5-S1 with facet arthropathy. Previous treatment included physical therapy, heat/ice, and oral medications. A request had been made for monitored anesthesia care and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Statement on anesthetic care during interventional pain

procedures for adults, Committee of Origin: Pain Medicine, (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010)

**Decision rationale:** According to the ASA House of Delegates that the majority of minor pain procedures do not require anesthesia care other than local anesthesia. Such procedures include epidural steroid injections, epidural blood patch, trigger point injections, sacroiliac joint injections, personal injections, occipital nerve blocks, and facet injections. As such, this request for monitored anesthesia care for an epidural steroid injection is not medically necessary.