

<b>Case Number:</b>	CM15-0110030		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

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 59 year old male who sustained an industrial injury on 08/13/2001. Treatment provided to date has included: lumbar laminectomy and fusion followed by removal of hardware, physical therapy, injections, medications, spinal cord stimulator placement (02/06/2015), and conservative therapies/care. Diagnostic tests performed include: lumbar discogram (05/25/2007); electrodiagnostic testing and nerve conduction studies on the bilateral lower extremities (10/22/2013) showing evidences of mild chronic L5 radiculopathy on the left, and evidence of peripheral neuropathy of the bilateral lower extremities; and MRI of the lumbar spine (04/08/2015) showing severe hypertrophic facet degeneration with a 6-7mm broad disc bulge resulting in severe central canal stenosis at L2-3, moderate to severe right and severe left neural foraminal narrowing, post fusion changes at L3-4 and L4-5, and laminectomy changes at L5-S1. There were no noted comorbidities or other dates of injury noted. On 04/22/2015, physician progress report noted complaints of constant low back pain. The pain was rated 6/10 (0-10) in severity, and was described as shooting pain radiating into the bilateral buttocks, lateral thigh, posterior thigh, lateral calf and lateral foot. Additional complaints included left foot numbness, paresthesia, and weakness. The physical exam revealed paralumbar spasms, tenderness to palpation bilaterally, atrophy present in the quadriceps, restricted range of motion due to pain, positive straight leg raises, absent lower extremity reflexes at the knees, and decreased sensation to light touch in the bilateral lower extremities. The provider noted diagnoses of lumbar disc disease, lumbar radiculopathy, post-laminectomy syndrome, and low back pain. Plan of care includes a lumbar epidural steroid injection at L2-3, one epidurography, and one monitored anesthesia care. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: a lumbar epidural steroid injection at L2-3, one epidurography, and one monitored anesthesia care (non-certified).

## 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, chronic pain, epidural steroid injections (ESIs) Sedation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG: >Epidural Steroid Injections (ESIs), Sedation pages 719-721.

**Decision rationale:** Request for epidural steroid injection and epidurography were authorized; however, the request for injection to be done with monitored anesthesia/ conscious sedation was non-certified, citing lack of medical indication. ODG Guidelines states that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. 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. Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. Submitted reports have not adequately addressed or demonstrated the need for conscious sedation. The 1 Monitored anesthesia care is not medically necessary and appropriate.