

<b>Case Number:</b>	CM15-0090090		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Emergency 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 04/10/2014. She has reported subsequent low back pain and was diagnosed with left lumbosacral radiculitis, herniated nucleus pulposus at L3-L4, L4-L5 and L5-S1 and bilateral lumbar facet syndrome. Treatment to date has included oral pain medication, physical therapy and a home exercise program. In a progress note dated 03/03/2015, the injured worker complained of low back pain radiating to the leg, lumbar muscle spasms and numbness, weakness and tingling after working more than a few blocks. Objective findings were notable for tenderness from L3-L5 bilaterally, bilateral lumbar facet tenderness from L3-S1, limited range of motion of the lumbar spine and positive straight leg raise on the left at 45 degrees. The physician recommended that the injured worker undergo left transforaminal lumbar epidural steroid injection under fluoroscopy. A request for authorization of anesthesia for procedures in the lumbar region was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anesthesia for procedures in lumbar region:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, ESI.

**Decision rationale:** The requested Anesthesia for procedures in lumbar region is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back, ESI, noted no support for anesthesia for ESI procedures. The injured worker has low back pain radiating to the leg, lumbar muscle spasms and numbness, weakness and tingling after working more than a few blocks. Objective findings were notable for tenderness from L3-L5 bilaterally, bilateral lumbar facet tenderness from L3-S1, limited range of motion of the lumbar spine and positive straight leg raise on the left at 45 degrees. The physician recommended that the injured worker undergo left transforaminal lumbar epidural steroid injection under fluoroscopy. The treating physician has not sufficiently documented the medical necessity for anesthesia for this procedure. The criteria noted above not having been met, Anesthesia for procedures in lumbar region is not medically necessary.