

<b>Case Number:</b>	CM13-0010565		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/05/2000
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61 year old patient had a date of injury on 7/5/2000. The mechanism of injury was not noted. In a progress noted dated 7/10/2013, subjective findings included neck pain radiating into bilateral shoulder. On a physical exam dated 7/10//2013, objective findings included paresthesia in the hands, sexual dysfunction. The patient is taking narcotics, anti inflammatories, muscle relaxers. Diagnostic impression shows degeneration of cervical intervertebral disc, cervical radiculitis. Treatment to date: medication therapy, behavioral modification, physical therapyA UR decision dated 7/23/2013 denied the request for anesthesia(Profol) C5-C6 cervical, stating that the use of sedation during an ESI 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. Furthermore, there should be evidence of pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, and administration of medication and provision of post-op care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anesthesia (Profol) C5-C6 Cervical:** 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: FDA: Propofol.

**Decision rationale:** MTUS and ODG do not address this issue. Propofol is used to relax the patient during general anesthesia for surgery or other medical procedures. It is used in critically ill patients who require a breathing tube connected to a ventilator. In the latest progress report preceding the decision dated 7/10/2013, it was noted that propofol was requested to calm the patient down since she was "anxious" during the epidural steroid injection procedure. The epidural steroid injection was certified on 7/23/2013; however, there was no detailed discussion regarding the dose and administration of propofol and how post-op care would be managed following its administration. Therefore, the request for Anesthesia (propofol) C5-C6 is not medically necessary.