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**Notice of Independent Review Decision**

**DATE OF REVIEW:** December 30, 2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Monitored anesthesia care by an on-call CRNA.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., Board Certified in Anesthesiology.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

**Upheld** (Agree)

**Overtured** (Disagree)

**Partially Overtured** (Agree in part/Disagree in part)

I have determined that the requested monitored anesthesia care by an on-call CRNA is not medically necessary for the treatment of the patient's medical condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 12/09/13.
2. Notice of Assignment of Independent Review Organization dated 12/10/13.
3. Denial documentation.
4. Workers Compensation Pre-Certification Request.
5. Medical records dated 8/29/13 and 9/20/13.
6. MRI lumbar spine dated 6/13/13.
7. Medical records dated 6/27/13.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained a back injury on xx/xx/xx. Per the submitted documentation, he has undergone multiple spine surgeries. Magnetic resonance imaging of the lumbar spine showed mild foraminal stenosis at L3-4 and L4-5. On 9/20/13, the patient reported 8/10 bilateral lower lumbar pain and bilateral lower extremity numbness in the dorsal and plantar feet. On examination, pinprick sensation was decreased bilaterally in the L5 dermatome. Motor examination was intact. The records noted loss of patellar and Achilles reflexes bilaterally. The patient's gait was antalgic. The provider recommended lumbar selective nerve root block and transforaminal epidural steroid injection with monitored anesthesia care by a CRNA. Coverage for monitored anesthesia care by an on call CRNA has been requested.

The URA indicates that the patient does not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the initial denial indicated that there is a lack of evidence-based literature supporting the need for sedation during an epidural steroid injection. On appeal, the URA noted that the guidelines do not specifically indicate a necessity for conscious sedation during an epidural steroid injection.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Per ODG criteria, the requested services are not medically indicated. There is a lack of evidence-based literature supporting the need for monitored anesthesia care in this clinical setting. Per the current medical evidence, epidural steroid injections do not generally require monitored anesthesia care. Medical conditions that may necessitate monitored anesthesia care include increased risk for complications due to severe comorbidity, morbid obesity, documented sleep apnea, spasticity or movement disorder complicating procedure, and history of or anticipated intolerance to standard sedatives. In this patient's case, the records do not document medical conditions which would require monitored anesthesia care. All told, the requested monitored anesthesia care by an on call CRNA is not medically necessary.

Therefore, I have determined the requested monitored anesthesia care by an on-call CRNA is not medically necessary for treatment of the patient's medical condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
  1. American Society of Anesthesiology Position on Monitored Anesthesia Care. 2005.
  2. Neal, J., et al. ASRA Practice Advisory on Neurologic Complications in Regional Anesthesia and Pain Medicine. *Reg Anesth Pain Med*, 2008 Sep-Oct;33(5):404-15.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)