

Case Number:	CM13-0032958		
Date Assigned:	12/06/2013	Date of Injury:	06/28/1993
Decision Date:	02/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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.

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 claimant was injured in a work related accident on 6/28/1993. Clinical records for review indicate lumbar and cervical complaints at the time of injury. Records show that on 8/19/2013 the claimant underwent three level C2-3, C3-4, and C4-5 facet joint injections under anesthesia. At present, there is a request for the use of anesthesia for the three level facet joint injection procedure that was performed on 8/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia provided on 8/19/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Neck and Upper Back Chapter

Decision rationale: Review of the ODG criteria indicate that the use of IV sedation may be grounds to negate the results of diagnostic blocks and should only be given in cases of extreme anxiety. The records in this case do not indicate the diagnosis of extreme anxiety. Therefore,

sedation for the three level diagnostic procedure, thus, would not have been indicated as medically necessary.