

<b>Case Number:</b>	CM13-0049226		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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 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 is a 27 year old woman who sustained a work related injury on October 6 2004. Subsequently she developed chronic back pain. According to a note dated on Septmeber 26 2013, her physical examination demonstrated lumbar tenderness. The provider performed right facet injection on September 2013. She is requesting left lumbar facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IV SEDATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS Page(s): 309.

**Decision rationale:** IV sedation may mask the out come of the planned left facet lumbar injection. Any potential reduction of backp pain could be related to the facet injection or to IV sedation and there no way to differentiate between the reduction of pain attributed to facet injection versus general sedation.