

Case Number:	CM14-0001776		
Date Assigned:	01/22/2014	Date of Injury:	10/25/2007
Decision Date:	06/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/06/2014

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 Medicine and is licensed to practice in Texas. 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:

The injured worker is a 33 year old male with complaints of headaches on a daily basis. The clinical note dated 11/26/13 indicates the headaches are located at the middle of the head. The injured worker reported associated vomiting with the headaches. The injured worker has been identified as having a previous cervical radiofrequency ablation on 05/29/12 which did alleviate the frequency and intensity of the injured worker's headaches. The clinical note dated 11/07/13 indicates the injured worker utilizing Nortriptyline on a daily basis to address the headache complaints. The injured worker also reported daytime sedation had improved. The note indicates the previous radiofrequency ablation that had been performed on 07/09/13 provided 100% pain relief for several weeks. However, the pain had returned to a baseline level thereafter. The clinical note dated 01/15/14 indicates the injured worker reporting a 50-70% reduction in pain following the radiofrequency ablation. The pain reduction is directly related to the injured worker's headache complaints. The injured worker was recommended for an additional cervical radiofrequency ablation at that time. The injured worker was also recommended for IV sedation in conjunction with the requested procedure. The most recent utilization review dated 12/11/13 resulted in a denial as no information had been submitted regarding the injured worker's anxiety related to the specific procedure involving a facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAVENOUS SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Neck and Upper Back Procedure Summary (Updated 05/14/2013), Criteria For The Use Of Diagnostic Blocks For Facet Nerve Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet Injections.

Decision rationale: The documentation indicates the injured worker having previously been approved for a radiofrequency ablation in the cervical region. The use of IV sedation is indicated for patients with specific complaints of extreme anxiety related to the procedure. No information was submitted regarding the injured worker's specific complaints of anxiety related to the facet injections. No information was submitted regarding the injured worker's specific fear of injection therapy. Therefore, the requested IV sedation is not indicated for a procedure of this nature.