

Case Number:	CM14-0168062		
Date Assigned:	11/10/2014	Date of Injury:	12/05/1995
Decision Date:	12/11/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 is a 60-year-old female with a 12/5/95 date of injury, due to a cumulative trauma. The patient was seen on 8/13/14 with complaints of bilateral upper extremity pain and increased pain in the lower back. Exam findings of the lumbar spine revealed tenderness and spasm of the lumbar paraspinal muscles, pain with loading of the lower lumbar facet joints bilaterally and 5/5 motor strength in the bilateral lower extremities. The lumbar extension was 10 degrees, flexion was 40 degrees and left and right lateral bending was 15 degrees. The diagnosis is carpal tunnel syndrome, traumatic arthropathy involving forearm, trigger finger, chronic pain syndrome and lumbago. Treatment to date: work restrictions, lumbar epidural injection and medications. An adverse determination was received on 8/7/14 given that there was a lack of documentation indicating any attempts of recent conservative treatment. In addition, the request for bilateral facet nerve block with fluoroscopic guidance and IV sedation was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV sedation QTY: 1: 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 Official Disability Guidelines (ODG) Low Back Chapter Facet joint diagnostic blocks

Decision rationale: CA MTUS does not address this issue. ODG states that Facet joint diagnostic blocks are recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The concomitant use of sedative during the block can interfere with an accurate diagnosis. The use of sedation during diagnostic injections may increase the rate of false-positive blocks and lead to misdiagnoses and unnecessary procedures, but has no effect on satisfaction or outcomes at 1-month. However the UR decision dated 8/7/14 denied the request for diagnostic bilateral lumbar facet nerve blocks at L4-L5 and L5-S1 and there is no rationale with regards to the necessity for IV sedation given, that the facet nerve blocks were denied. Therefore, the request for IV sedation QTY: 1 is not medically necessary.