

Case Number:	CM14-0037458		
Date Assigned:	06/25/2014	Date of Injury:	09/05/1990
Decision Date:	08/05/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 56-year-old female who was reportedly injured on September 5, 1990. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 25, 2014, stated that the injured employee was having severe pain in the left lower extremity associated with her diagnosis of complex regional pain syndrome. It also stated that the previous utilization management review has denied authorization for IV sedation and that lumbar spine sympathetic nerve blocks can be painful. Another note dated January 14, 2014, indicates that there were ongoing complaints of severe left ankle and foot pains. A cane was used for ambulation assistance. Current medications included buprenorphine, gabapentin, Cymbalta, Ativan and famotidine. Pain has increased since the injured employee has ran out of gabapentin and sublingual buprenorphine was only used occasionally. The physical examination demonstrated significant left ankle tenderness. There was some mottling and hair loss of the left distal extremity. Prescriptions were written for buprenorphine, gabapentin and Cymbalta. Previous treatment included left ankle surgery. A request had been made for IV sedation and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV sedation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/149646-overview#a08>.

Decision rationale: An article on epidural nerve blocks by a knowledgeable physician did indicate that Ativan and fentanyl may be titrated to respond to anxiety and pain from epidural nerve block procedure. Considering, this the request for IV sedation to be used in conjunction with a lumbar sympathetic nerve block is medically necessary.