

<b>Case Number:</b>	CM14-0038557		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/20/2003
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 records presented for review indicate that this 63-year-old female was reportedly injured on February 20, 2003. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Current medications include Norco and ketamine cream. A Diagnostic facet injection was said to be scheduled for July 22, 2014. There was a normal physical examination on this date. No recent diagnostic imaging of the lumbar spine was reported. Previous treatment includes a lumbar fusion at L5 - S1 and a decompression at L3 - L4 and L4 - L5 and a subsequent discectomy at L3 - L4. There was also a surgery for a spinal cord stimulator implant. A request had been made for IV sedation during bilateral lumbar facet injections and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One IV sedation during bilateral lumbar facet injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic, IV Sedation

**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 - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines IV sedation for facet joint diagnostic blocks should only be used in cases of extreme anxiety as this concurrent use of anesthesia may be grounds to negate the results of a diagnostic block. As such, this request for IV sedation during a bilateral lumbar facet injection is not medically necessary.