

Case Number:	CM14-0195428		
Date Assigned:	12/03/2014	Date of Injury:	02/07/2011
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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 and Rehabilitation 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 50 year-old patient sustained an injury on 2/7/11 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include IV Sedation. Diagnosis list Sciatica. Conservative care has included medications, therapy, injections, and modified activities/rest. Report of 6/30/14 noted patient with diagnosis of OA knee with treatment plan for Synvisc. The patient was permanent & stationary. Report of 9/29/14 noted the patient has chronic ongoing low back pain with bilateral radiculopathy. Symptoms have not responded to treatment of OTC anti-inflammatories and prescription analgesics. The patient underwent recent MRI with IV sedation. MRI of the lumbar spine report of 11/18/14 noted exam was facilitated through use of conscious sedation with IV Versed. Impression had "small broad-based disc bulging at L4-5 and L5-S1 with minimal narrowing of left lateral recess at L4-5; no evidence of significant central spinal stenosis or neural foraminal narrowing." The request(s) for IV Sedation was non-certified on 10/29/14 citing guidelines criteria and lack of medical necessity.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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, Facet joint diagnostic blocks (injections), page 412-415; National Clearinghouse Guidelines, ACR (American College of Radiology) and SIR (Society of Interventional Radiology), ACR-SIR practice guidelines for Sedation/Analgesia

Decision rationale: Guidelines are silent on use of IV sedation for patient undergoing MRI study and state the use of IV sedation in interventional pain procedures such as nerve blocks and RFA may negate the results of the diagnostic block as symptom response is needed for outcome evaluation. Use during procedures should only be given in cases of extreme anxiety, not demonstrated here. The ACR-SIR (American College of Radiology and Society of Interventional Radiology) notes the use of sedation and analgesia may be an option for patient undergoing image-guided interventions and radiating oncology procedures not seen here. Submitted reports have not identified any medical comorbidities or extenuating circumstances to support for use of IV sedation during a diagnostic MRI study. The IV Sedation is not medically necessary and appropriate.