

Case Number:	CM15-0002676		
Date Assigned:	01/13/2015	Date of Injury:	07/27/2012
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 47 year old male, who sustained an industrial injury on July 27, 2012. He has reported lumbar back pain with associated right lower extremity pain and was diagnosed with lumbar spinal stenosis, lumbar disc degenerative disorder, facet arthralgia, low back pain, thoracic radiculitis, chronic pain due to injury and lumbar post laminectomy syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, chiropractic care, lumbar fusion, pain medications and lifestyle modifications. Currently, the Injured worker complains of continued back pain with associated right, lower extremity pain. The injured worker reports ongoing back pain since an industrial injury in 2012. He has exhausted many conservative therapy options without relief. On October 29, 2014, evaluation revealed continued severe pain. He noted wanting release from the neurosurgeon to return to work. It was noted surgery was not recommended if the steroid injection that was recommended did not help. The plan was to continue conservative medical care and medications. On November 10, 2014, the physician noted foraminal stenosis and noted a possibility for pain relief with lumbar surgery. Magnetic resonance image (MRI) was requested, but the injured worker developed claustrophobia on the day of the MRI. Therefore, the MRI was rescheduled and an order was made for conscious sedation. On December 18, 2014, Utilization Review non-certified a request for sedation for MRI, noting the the request did not specify the dose, quantity, frequency and type of sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sedation for MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR). ACR practice guideline for the performance of magnetic resonance imaging (MRI) of the abdomen (excluding the liver). [online publication]. Reston (VA): American College of Radiology (ACR); 2010. 8p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearing House: ACR-SIR practice guideline for sedation/analgesia.

Decision rationale: The injured worker sustained a work related injury in 2012. The medical records provided indicate the diagnosis of lumbar spinal stenosis, lumbar disc degenerative disorder, facet arthralgia, low back pain, thoracic radiculitis, chronic pain due to injury and lumbar post laminectomy syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, chiropractic care, lumbar fusion, pain medications and lifestyle modifications. The medical records provided for review do not indicate a medical necessity for. Both MTUS and the Official Disability Guidelines are silent on this. However, the National Guidelines Clearing House stated that the practice Guidelines for sedation/analgesia endorsed by the American College of Radiology (ACR), Society of Interventional Radiology (SIR) states that for sedation/analgesia there must be adequate documentation of all aspects of patient evaluation and monitoring. The documentation should include, but is not limited to: Dose, route, site, and time of administered drugs, Patient's response to medication and the procedure, Inspired concentrations of medical gases, such as oxygen and nitrous oxide, their rate and duration, and method of administration, Physiological data from monitoring, Any rescue interventions, including ventilatory support, or use of reversal medications, and the patient's response, Any untoward reactions and their resolution. Therefore, the requested treatment is not medically necessary and appropriate due to lack of documentation of the dose, route, quantity, and type of sedation.