

Case Number:	CM15-0009338		
Date Assigned:	01/27/2015	Date of Injury:	03/07/2000
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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: California
 Certification(s)/Specialty: Internal 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:

This year old male sustained a work related injury on 03/07/2000. According to a progress report dated 11/03/2014, the injured worker complained of neck pain and headaches. He had cervical radiofrequency which provided greater than 80 percent relief of his right sided neck pain and headaches. He was approved for a repeat injection about 6 months prior but had to miss the injection because he suffered a heart attack. Diagnosis included rule out right cervical facet mediated pain. The plan of care included a repeat cervical medial branch blocks right side if he is cleared by his cardiologist. Prescriptions were given for Norco and Tizanidine. According to a progress report dated 12/23/2014, the injured worker was in no acute distress. Medications included naproxen, hydrocodone and Tizanidine. On 12/23/2014, Utilization Review non-certified IV sedation. According to the Utilization Review physician, there was no indication of the injured worker having any type of anxiety. Guidelines cited for this request was the Official Disability Guidelines. The decision was appealed for an Independent Medical Review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181-183. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks, Facet joint therapeutic steroid injections Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. <http://www.guideline.gov/content.aspx?id=47589>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. ODG guidelines state that that therapeutic intra-articular and medial branch blocks are not recommended in patients with previous fusion. Medial branch blocks procedure is generally considered a diagnostic block. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. The use of IV sedation may be grounds to negate the results of a diagnostic block. No pain medication should be taken for four hours prior to the block, and no IV sedation. Medical records document a history of C5-C6 cervical fusion. On December 3, 2014, right cervical radiofrequency at C3-C4, C4-C5, and C5-C6 with intravenous IV sedation was requested. ODG guidelines recommend no IV sedation, except for cases of extreme anxiety. No anxiety was documented on the 12/3/14 progress report. The request IV sedation is not supported by ODG guidelines. Therefore, the request for IV sedation is not medically necessary.