

<b>Case Number:</b>	CM15-0194292		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/23/2006
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old male sustained an industrial injury on 1-23-06. Documentation indicated that the injured worker was receiving treatment for cervical spondylosis, lumbar spine spondylosis and sacroiliac joint pain. Previous treatment included physical therapy and medications. In a visit note dated 8-17-15, the injured worker complained of neck pain with radiation to the cervicobrachial region. The injured worker underwent left C3-6 facet nerve blocks with intravenous sedation on 8-25-15. In the operative report the physician noted that the injured worker remained awake, alert and conversant throughout the procedure. The injured worker tolerated the procedure well. In a visit note dated 9-11-15, the injured worker reported that he had a decrease in neck pain for about 3 to 4 hours following the nerve block procedure. The physician was requesting cervical radiofrequency ablation under fluoroscopic guidance with IV sedation. On 8-25-15, a request for authorization was submitted for IV sedation given with medial branch blocks on 8-25-15. On 9-22-15, Utilization Review noncertified a request for IV sedation given with medial branch block on 8-25-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IV sedation given with medial branch blocks #1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; Medial Branch Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Sedation, Neck Chapter, under Facet Joint Diagnostic Blocks.

**Decision rationale:** The patient presents on 08/17/15 with cervical spine pain (left greater than right), which radiates into the cervicobrachial regions bilaterally. The patient's date of injury is 01/23/06. Patient is status post C3-C6 facet nerve blocks on 08/25/15. The request is for IV sedation given with medial branch blocks #1. The RFA was not provided. Physical examination dated 08/17/15 is unremarkable. The patient is currently prescribed Naproxen. Patient is currently working. Official Disability Guidelines, Head Chapter, under Sedation states: Sedation and neuromuscular blockade are appropriate if needed for transport. Short-acting agents are preferred to allow for serial exams. (Colorado, 2005) One study found that analgesia-based sedation with remifentanyl permitted significantly faster and more predictable awakening for neurological assessment. (Karabinis, 2004) Two other studies found that a propofol-based sedation with an intracranial pressure control regimen is a safe, acceptable, and, possibly, desirable alternative to an opiate-based sedation regimen in intubated head-injured patients. Official Disability Guidelines, Neck chapter, under Facet Joint Diagnostic Blocks has the following: Criteria for the use of diagnostic blocks for facet nerve pain: 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. In this case, the request is retrospective for IV sedation which was given during this patient's medial branch blocks on 08/25/15. Per utilization review appeal letter dated 08/26/15, the provider states: "Please note that it is well-known that any injections such as facet nerve blocks can be painful. Therefore, conscious sedation is necessary and reasonable. The patient required intravenous sedation to be able to stay still." Utilization review non-certified this request on grounds that "the use of IV sedation may be grounds to negative the results of a diagnostic block and should only be given in cases of extreme anxiety. [REDACTED] has not documented that the patient has extreme anxiety." While official disability guidelines indicate that the use of IV sedation may be grounds to negate the results of a diagnostic block, they do leave open the option for such adjuncts in cases where the patient is unable to tolerate the procedure. While the provider does not clearly state that this patient presented with "extreme anxiety", it is indicated that sedation was required in order to keep the patient stationary during the procedure. Regardless of whether or not the results of the diagnostic block are negated by the use of sedatives, the provider made a clinical judgment to utilize IV Versed, and notes that such measures were required in order to successfully carry out the associated medial branch blocks. In this case, it appears that sedation was an appropriate measure to ensure patient safety and the success of the procedure. Therefore, the request is medically necessary.