

Case Number:	CM14-0128424		
Date Assigned:	09/23/2014	Date of Injury:	10/25/2007
Decision Date:	10/27/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 31-year-old male with a date of injury of 10/25/2007. The listed diagnoses per [REDACTED] are: 1. Degeneration lumbosacral disk. 2. Syndrome post concussion. 3. Posttraumatic stress disorder. 4. Headache. 5. Major depression. 6. Degeneration cervical spine. According to treatment appeal letter by [REDACTED] from 09/10/2014, the patient was authorized for a cervical RFA at C3-C4 and C5-C6 under fluoroscopic guidance. However, the IV sedation and arthrogram were denied. [REDACTED] states that IV sedation is required as the patient reports anxiety. He continues to argue that arthrogram is required to obtain "a series of pictures after the contrast dye has been injected into the joint. It will confirm that the needle has been placed correctly in the joint. Utilization originally denied the request on 07/25/2014.

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 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG has the following under the low back chapter regarding Facet joint Diagnostic blocks

Decision rationale: This patient was authorized for a cervical RFA at C3-C4 and C5-C6 under fluoroscopic guidance. The treater is requesting IV sedation and arthrogram for the pre-authorized radiofrequency ablation at C3-C4 and C5-C6. The ODG has the following under the low back chapter regarding Facet joint Diagnostic blocks, "The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. IV sedation is not generally recommended unless the patient has extreme anxiety. In this case, the treater has noted that patient suffers from anxiety and IV sedation option should be made available to the treater. Recommendation is for approval.

Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG GUIDELINES, LOW BACK CHAPTER- FACET JOIN RADIOFREQUENCY

Decision rationale: This patient was authorized for a cervical RFA at C3-C4 and C5-C6 under fluoroscopic guidance. The treater is requesting IV sedation and arthrogram for the pre-authorized radiofrequency ablation at C3-C4 and C5-C6. The treater argues that the arthrogram is required to obtain a series of pictures after the contrast dye has been injected into the joint. It will confirm that the needle has been placed correctly in the joint. The treater's request for an "arthrogram" is quite puzzling. The current request is for radio-frequency at C3-4 and C5-6. For RF ablation, the dorsal medial branches that innervate the joints are ablated and not the joint. The needle does not need to be placed in the joint. Furthermore, arthrogram that is seen following placement of needle inside the joint for a typical facet joint injections are part and parcel of the facet joint injection procedure itself and does not require separate billing or documentation. Facet joint injection is exactly what that is, placing a needle inside the joint and injecting a small amount of contrast to confirm proper needle placement. At any rate, arthrogram is not needed for RF ablation of the facet joints. Recommendation is for denial.