

Case Number:	CM14-0139075		
Date Assigned:	09/05/2014	Date of Injury:	11/03/2008
Decision Date:	10/09/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 & 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 61-year-old male with a date of injury of 11/03/2008. The listed diagnoses per [REDACTED] are: 1. Post-laminectomy syndrome, lumbar. 2. Long-term use of medication. 3. Lumbar disk displacement without myelopathy. 4. Therapeutic drug monitor. According to progress report 05/15/2014, the patient presents continued back pain and leg pain and has severe stenosis. Report 06/12/2014 indicates the patient has anxiety and depression and denies hallucination and suicidal thoughts. Report 07/17/2014 indicates the patient has underlying anxiety, and the treater is requesting the use of conscious sedation to make the claimant feel more comfortable and relaxed during the medial branch block at bilateral L3-L4 and L5-S1. Treater indicates the injection was approved, but the sedation was not. This is a request for IV sedation to be performed with the pre-authorized medial branch block at bilateral L3-L4 and L5-S1 under fluoroscopy. Utilization review denied the request on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV sedation to be performed with pre-authorized medial branch block (MBB) at bilateral L3-4, L5-S1 under fluoroscopy: 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-TWC),

Low Back Procedure Summary (Last updated 07/03/14), Criteria for the use of diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dorsal Median Branches.

Decision rationale: This patient presents with low back pain and leg pain. The patient also has complaints of anxiety and depression. The treater is requesting IV sedation to be performed with the pre-authorized medial branch block at bilateral L3-L4 and L5-S1 under fluoroscopy. Utilization review denied the request stating, "ODG guideline is noted to say that sedation is not recommended for facet injections because it may alter the diagnostic response." 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 depression. IV sedation option should be made available to the treater. Recommendation is for approval.