

<b>Case Number:</b>	CM15-0006914		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 is a 62 year old female, who sustained a work/ industrial injury due to repetitive sitting and typing as an office technician on 4/1/14. She has reported symptoms of left low back and left buttock pain. The diagnoses have included cervical sprain, brachial neuritis, thoracic sprain, lumbosacral sprain with sciatic neuralgia. Magnetic Resonance Imaging (MRI) of lumbar spine on 11/6/14 noted marked L4-5 facet arthropathy with inflammatory response, left foot foraminal spur encroaches on the ipsilateral subarticular recess and the traversing left L5 root. Past treatments included acupuncture visits (6), chiropractic manipulation, and non-steroidal anti-inflammatory drugs (NSAIDs) that were described as helpful. A left L4-L5 facet joint injection was done with fluoroscopic guidance with (IV) intravenous sedation for lumbar spondylosis. On 12/31/14, Utilization Review non-certified Intravenous Sedation, noting the Official Disability Guidelines (ODG) for conscious sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated injection service: intravenous 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Low back, facet joint diagnostic blocks, injections

**Decision rationale:** ODG states that; "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." The provided medical records do not document any diagnosis of an anxiety related disorder. Facet joint injections are generally performed without the need for sedation and the treating provider notes no indication for the use of conscious sedation in this case. As such the request for IV sedation is deemed not medically necessary.