

Case Number:	CM15-0113453		
Date Assigned:	06/19/2015	Date of Injury:	07/11/2005
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female who sustained an industrial injury on 7/11/05. The injured worker was diagnosed as having post-laminectomy syndrome and sciatica - right L5 radiculopathy. Currently, the injured worker was with complaints of cervical spine pain and low back pain with radiation to the right lower extremity. Previous treatments included status post fusion (April 2012), physical therapy, home exercise program, epidural steroid injection and medial branch blocks. Previous diagnostic studies included radiographic studies, computed tomography and a magnetic resonance imaging. The plan of care was for a right cervical facet nerve block.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain

Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work-related injury in July 2005 and continues to be treated for chronic neck and low back pain. When seen, there has been benefit from left cervical medial branch blocks. Left cervical medial branch radiofrequency ablation was planned as well as right cervical medial branch blocks. IV sedation was requested. The claimant has no other significant past medical history and review of systems was positive for anxiety and depression. Trazodone, Vicodin, and aspirin are being prescribed. In general, patients should be relaxed during this procedure. A patient with significant muscle contractions or who moves during the procedure makes it more difficult technically and increases the risk associated with this type of injection. On the other hand, patients need to be able to communicate during the procedure to avoid potential needle misplacement which could have adverse results. In this case there is no documentation of a medically necessary reason for monitored anesthesia during the procedure performed. There is no history of movement disorder or poorly controlled spasticity such as might occur due to either a spinal cord injury or stroke. There is no history of severe panic attacks or poor response to prior injections. Additionally, radiofrequency ablation is being planned which requires that the patient be able to accurately report the results of electrical stimulation during the procedure. There is no indication for the use of IV sedation and this request is not medically necessary.