

Case Number:	CM15-0117298		
Date Assigned:	06/30/2015	Date of Injury:	05/19/2014
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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 40 year old female, who sustained an industrial injury on 5/19/14. The injured worker has complaints of right shoulder pain that comes and goes with cold weather and with activities and mid and low back pain. The documentation noted that there is tenderness across the cervical and lumbar paraspinal muscles bilaterally, pain with facet loading and pain along the facets. The diagnoses have included discogenic cervical condition with facet inflammation and headaches and discogenic lumbar condition with facet inflammation. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 4/6/15 showed no disc herniation, spinal canal stenosis, lateral recess stenosis, neural foraminal narrowing, or nerve root impingement in the lumbar spine, minimal dextroscoliosis of the lumbar spine with the apex centered at the L2 level and with a Cobb angle of 5 degrees; transcutaneous electrical nerve stimulation unit; chiropractic treatment and medications. The request was for moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Moderate 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), Low Back chapter.

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 May 2014 and continues to be treated for chronic neck and low back pain. When seen, pain was rated at 7/10. There had been no sustained improvement with physical therapy or chiropractic care. There was decreased cervical and lumbar spine range of motion with tenderness. Authorization for cervical and lumbar medial branch blocks with moderate sedation was requested. In this case, moderate sedation is also being requested for each procedure. In this case, there is no documentation of a medically necessary reason for moderate sedation 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. There is no indication for the use of moderate sedation. Therefore, this request is not medically necessary.

Moderate 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), Low Back chapter.

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 May 2014 and continues to be treated for chronic neck and low back pain. When seen, pain was rated at 7/10. There had been no sustained improvement with physical therapy or chiropractic care. There was decreased cervical and lumbar spine range of motion with tenderness. Authorization for cervical and lumbar medial branch blocks with moderate sedation was requested. In this case, moderate sedation is also being requested for each procedure. In this case there is no documentation of a medically necessary reason for moderate sedation 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. There is no indication for the use of moderate sedation. Therefore, this request is not medically necessary.