

<b>Case Number:</b>	CM15-0123643		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/13/1999
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 63 year old female, who sustained an industrial injury on 8/13/99. The injured worker has complaints of low back pain, buttock pain and chronic pain syndrome. The injured worker has chronic axial back pain and pain radiating into bilateral buttocks primarily on the left. The documentation noted that the injured worker has a long history of pain symptoms related to her lumbar spine and sacroiliac joint. The documentation noted that the injured worker has a guarded stance when arising from the seated position and has a non-antalgic gait when ambulating. She has decreased range of motion in all planes of the lumbar spine with pain increased on lumbar extension and facet maneuvers bilaterally. The diagnoses have included lumbar spine spondylosis; lumbar facet arthropathy; axial back pain, facet mediated, confirmed with diagnostic injections and sacroiliitis and myofascial pain. Treatment to date has included lumbar fusion; diagnostic bilateral lumbar 3, 4, and 5 medial branch block injection on 4/27/15; back brace; flector patches alternating with lidoderm patches; tylenol; flexeril and water aerobics exercise. The request was for monitoring and sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monitoring and 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), Lumbar, RFA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology* 2010 Apr; 112 (4): 810-33.

**Decision rationale:** MTUS Chronic pain, ACOEM and Official Disability Guidelines do not adequately address this topic. American Society of Anesthesiology guidelines do not recommend IV sedation as a default practice during diagnostic or therapeutic nerve blocks. Patient is scheduled for radiofrequency ablation. Provider has not provided any rationale as to why sedation is needed such as severe patient anxiety. Monitoring and sedation is not medically necessary.