

Case Number:	CM15-0071930		
Date Assigned:	04/22/2015	Date of Injury:	05/03/2005
Decision Date:	07/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on May 3, 2005. He reported neck pain, low back pain and headaches. The injured worker was diagnosed as having right cervical facet pain and lumbar facet mediated pain. Treatment to date has included radiofrequency ablation of the cervical and lumbar spine, diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, low back pain and right sided headaches. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on August 21, 2014, revealed continued pain with associated symptoms. He reported residual numbness at the procedure site following recent radiofrequency ablation of the lumbar spine. It was noted he had benefit with previous cervical and lumbar radiofrequency ablation. He also noted poor sleep quality secondary to pain. He noted difficulty rising from a seated position and feeling weak in the lower extremities. He reported pain medications were helpful however he had secondary constipation resolved with stool softeners. Evaluation on March 24, 2015, revealed well controlled back pain and worsened cervical pain with associated headaches. Cervical branch blocks were recommended and intravenous sedation was requested.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Facet joint diagnostic blocks, Neck.

Decision rationale: The request is considered not medically necessary. ODG guidelines were used as MTUS does not address the use of IV sedation. According to ODG, IV sedation is only warranted for use with nerve blocks if the patient suffers from severe anxiety. The patient was not documented to have severe anxiety. Therefore, the request is considered not medically necessary.