

Case Number:	CM13-0011651		
Date Assigned:	11/20/2013	Date of Injury:	02/04/2010
Decision Date:	01/15/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

55year-old male injured worker with date of injury 2/4/10 diagnosed with lumbar sprain/strain. MRI scan 6/18/12 showed multilevel degenerative disc change. The UR determination date was 7/30/13. A 10/2/13 note by ██████████ noted thoracic and rib strain. A 5/30/13 note by ██████████ noted speculation for thoracic radicular pain and endorsed thoracic facet injections to address this etiology. On 2/11/13 the provider report noted CT and MRI of the thoracic spine was "essentially unremarkable."

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injections to right T4-T5 and T5-T6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: ACOEM Guidelines, pg.181in Neck and Upper Back pain complaints, table 8-8, states that corticosteroid injections of the facets is not recommended. Additionally, there is no finding on MRI nor CT to strongly support this diagnosis. Some of the providers who have

evaluated the patient believe the pain may be radicular, which would not be addressed by thoracic facet joint injections.