

Case Number:	CM13-0012799		
Date Assigned:	12/18/2013	Date of Injury:	02/04/2011
Decision Date:	01/31/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/13/2013

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, has a subspecialty in Acupuncture and Pain Medicine 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:

The claimant is a 31 year old male injured worker with date of injury 2/4/11 with complaint of constant pain in the cervical spine. Lumbar spine MRI 7/6/11 revealed multiple disc bulges, mild to severe bilateral neural foraminal narrowing in multiple places, and mild bilateral facet arthropathy. Cervical spine MRI performed 10/23/12 showed multiple disc/osteophyte complexes with facet and unciniate hypertrophy and bilateral neural foraminal narrowing. EMG/NCV of the bilateral upper extremities performed on 1/18/13 showed mild bilateral carpal tunnel syndrome and no evidence of cervical radiculopathy. He has been diagnosed with cervical sprain, thoracic sprain, and lumbar sprain. The date of UR decision was 7/8/13. The injured worker has been treated with PT, medication, and has had ESI in the past. The latest medical record for this review was dated 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prospective procedure of 1 thoracic median branch nerve block bilaterally at T6-7 and T7-8 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet Joint Diagnostic Blocks.

Decision rationale: ACOEM is silent regarding specifically thoracic medial branch blocks. However, per ODG guidelines for thoracic facet interventions state "Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended." The utility in performing the proposed procedure is to evaluate for possible need for possible subsequent neurotomy. As such, the request is not medically necessary.