

<b>Case Number:</b>	CM13-0019927		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 patient was a 36 year old male who was seen for complaints of thoracic back pain when lifting which resolved with rest on 02/11/2013. The patient stated an injury to his back was sustained while lifting heavy boxes on 08/27/2012 at work as documented in clinical note dated 02/12/2013. The patient had medial branch block to left side T6, T7, T8 and T9 on 04/08/2013. The patient stated that he had two days of relief from pain following the medial branch block as documented on 04/25/2013 clinical note. The patient had radiofrequency neurotomy of the medial branch of the posterior primary ramus on the left at T6, T7, T8 and T9 on 05/20/2013. The patient condition improved following procedure as noted in the progress report dated 06/05/2013. The patient complained of thoracic back pain returning as documented on 10/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical orthoracic, single level setting, outpatient:** 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), Treatment Index, 11th Edition, 2013, Upper Back and Neck Chapter-Facet Diagnostic Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet injections

**Decision rationale:** The Physician Reviewer's decision rationale: The request for injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical orthoracic, single level setting is non-certified. The patient had thoracic medial branch blocks and neurotomy which initially helped the symptoms. However, the patient's symptoms returned. CA MTUS/ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines do not recommend facet joint injections at the thoracic level since there is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Given the information submitted for review the request for injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical orthoracic, single level setting is non-certified.