

Case Number:	CM13-0023915		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2011
Decision Date:	04/18/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 is a 43-year-old female who reported an injury on 12/23/2011. The patient's treatment history included physical therapy, acupuncture, and multiple medications. The patient's most recent clinical documentation noted the patient had restricted range of motion secondary to pain; tenderness to palpation over the left T8 facet joint without evidence of radiculopathy. The patient's diagnoses included pain thoracic spine, scapulothoracic strain, and thoracic facet syndrome. The clinical documentation submitted for review made a recommendation of a facet injection to assist in treatment planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC FACET INJECTIONS WITH X-RAY GUIDANCE (X3): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, FACET INJECTIONS (DIAGNOSTIC)

Decision rationale: The requested thoracic facet injections with x-ray guidance x3 are not medically necessary or appropriate. However, the clinical documentation submitted for review

does indicate that this injection is being requested for diagnostic purposes to assist with treatment planning. Therefore, Official Disability Guidelines would recommend diagnostic facet injections for facet-mediated pain that failed to respond to conservative treatments to determine the appropriateness of radiofrequency ablation. Official Disability Guidelines recommend 1 facet injection for diagnostic purposes. Additionally, Official Disability Guidelines recommend facet injections be provided under fluoroscopic guidance. The clinical documentation submitted for review does indicate the patient has facet-mediated pain at the level T8 facet joint. However, the request as it is written does not clearly identify at what level the requested injection would be administered to. Additionally, the request does not include the need for fluoroscopic guidance. Also, the request is for 3 injections which clearly exceeds the guideline recommendation of 1 medial branch block to assist in treatment planning. As such, the requested thoracic facet injections with x-ray guidance x3 are not medically necessary or appropriate.