

Case Number:	CM13-0025225		
Date Assigned:	11/20/2013	Date of Injury:	09/28/2009
Decision Date:	01/03/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 PM&R, has a subspecialty in Interventional Spine 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.

CLINICAL CASE SUMMARY

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

Patient with an injury from 9/28/09 suffers from chronic thoracic pain. 9/3/13 UR letter is reviewed. This letter indicates that the patient already underwent T4,5 DMB blocks on 8/8/13 and there is request for a repeat right T4,5 blocks. MRI of T-spine is described as disc/osteophyte at T7-8, with hypertrophic posterior elements on the right at T7-8. The request was denied with the reasons that the patient does not have findings that would be consistent with facet mediated pain. The operative report from 8/8/13 was described and the treater used Fentanyl and Versed for IV sedation and the pain went from 7/10 to 1-2/10. The treater then asked for a confirmatory block. There is a request for right T4,5 DMB blocks, 8/27/13. 8/19/13 progress report is reviewed. This is 11 days following the DMB blocks, and the patient is reporting that he is still doing better but that pain has now returned to about 5/10 compared to the initial improvement of 1-2/10. Prior to the procedure, pain level was at 7/10. The treater treated the patient with a trigger point injection and at the same time requesting a repeat DMB blocks at T4,5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks T4 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS is silent regarding facet joint evaluations or injections. ACOEM reference is quoted above and is limited to discussion regarding RF ablation. It does mention that RF ablation of facet joints may be indicated for patients who have had a positive response to facet injections. For a more detailed discussion the ODG guidelines are consulted. The ODG guidelines provide a very specific discussion regarding how to approach facet joint problems. First, ODG does not recommend facet diagnostic injections that are performed under IV sedation. Use of opiates should not be used as a "sedative." In this patient, Fentanyl was used. Furthermore, IV sedation should not be used and it may be grounds to negate the results. Pain relief duration should be around 2 hours if Lidocaine is used. Finally, confirmatory diagnostic injection is not required. In this patient, Fentanyl was used. IV sedation including Versed was used. These are grounds to negate the patient's response. In addition, it is clear that the patient has had a placebo response, which is to state that the patient had a negative response. The patient's pain relief lasted for more than several days and certainly, more than 6-8 hours expected from the use of Marcaine, a long-acting local anesthetic. The patient was still experiencing some pain relief 11 days from the procedure. This is a classic placebo response. There is no reason to go forward with any additional facet joint evaluation or for that matter RF ablation. The treater wants to keep injecting this patient but enough information is available to stop. The patient does not suffer from facet joint pain of the thoracic spine. ODG guidelines do not support performing confirmatory blocks. Recommendation is for denial of the request.

Medial Branch Block T5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Blocks.

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

Decision rationale: MTUS is silent regarding facet joint evaluations or injections. ACOEM reference is quoted above and is limited to discussion regarding RF ablation. It does mention that RF ablation of facet joints may be indicated for patients who have had a positive response to facet injections. For a more detailed discussion the ODG guidelines are consulted. The ODG guidelines provide a very specific discussion regarding how to approach facet joint problems. First, ODG does not recommend facet diagnostic injections that are performed under IV sedation. Use of opiates should not be used as a "sedative." In this patient, Fentanyl was used. Furthermore, IV sedation should not be used and it may be grounds to negate the results. Pain relief duration should be around 2 hours if Lidocaine is used. Finally, confirmatory diagnostic injection is not required. In this patient, Fentanyl was used. IV sedation including Versed was used. These are grounds to negate the patient's response. In addition, it is clear that the patient has had a placebo response, which is to state that the patient had a negative response. The patient's pain relief lasted for more than several days and certainly, more than 6-8 hours expected from the use of Marcaine, a long-acting local anesthetic. The patient was still experiencing some

pain relief 11 days from the procedure. This is a classic placebo response. There is no reason to go forward with any additional facet joint evaluation or for that matter RF ablation. The treater wants to keep injecting this patient but enough information is available to stop. The patient does not suffer from facet joint pain of the thoracic spine. ODG guidelines do not support performing confirmatory blocks. Recommendation is for denial of the request.

Procedure performed under IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Blocks.

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

Decision rationale: IV sedation is requested for T4,5 DMB diagnostic confirmatory injection. First, the injections are denied as confirmatory DMB injections are not supported by ODG guidelines. Second, IV sedation is not recommended for these injections except in the cases of severe anxiety. Recommendation is for a denial.