MAXIMUS Federal Services

Case Number:	CM13-0034169		
Date Assigned:	12/06/2013	Date of Injury:	05/20/2002
Decision Date:	02/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/22/2013

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 occupational 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 patient is 52-year-old male with a work-related injury to his back on 5/20/02. He has been diagnosed with chronic thoracic and low back pain. Current meds include Clonazepam .5 mg and Cymbalta 30mg, Tramadol 50mg and methocarbamol 750mg. MRI's of the lumbar spine on 1/14/13 revealed multilevel degenerative changes and disc bulges with mild spinal cord stenosis from L1-5 and multilevel neural foraminal narrowing with moderate to severe foraminal narrowing at L3-4 on the left and L4-5 and L5-S1 bilaterally. Thoracic spine MRI on 1/23/13 revealed multiple schmorl's nodes with anterior wedging of vertebrae consistent of Scheuermann's disease and degenerative disc disease at T3-4 and T7-8 with disc protrusion and extrusion, no significant spinal canal or neural foraminal narrowing and multilevel severe degenerative costovertebral joints. PTP PR2 dated 9/25/13 revealed subjective complaints of neck, low back and sternum pain, chills and sleep disorder, chest pain, nausea and numbness in left hand. Thoracic spine was source of severe pain with pain management physician recommendation for injections to the thoracic spine. Patient has been experiencing increased low back pain after return to full time employment. Findings reveal limited lateral torso movements to 10 degrees and extension of the lumbar spine to 10 degrees with mild pain upon palpation of the lumbar muscles. There is request for facet block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One facet block injection: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS does not recommend cervical and upper back facet blocks on page 181 of ACOEM neck and upper back chapter. There is no evidence to support the patient has facet pain that causes the radiation of pain around the patients chest from the spine. This block is being done on a purely diagnostic basis. There is MRI evidence showing degenerative disc disease and potential discogenic pain. Therefore, as MTUS does not recommend facet blocks, it is not medically necessary.