

Case Number:	CM13-0035140		
Date Assigned:	12/13/2013	Date of Injury:	05/09/2008
Decision Date:	09/18/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine and is licensed to practice in Maryland. 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:

This patient is a 41 year old female who sustained an industrial injury on May 9, 2008 and a second injury on June 9, 2010. She had a medical history of hypothyroidism and obesity. She had an electromyogram on June 16, 2010 of the lower extremities and lumbar spine was negative for radiculopathy or neuropathy. The MRI study showed spurring at the T8 level but no disc herniation noted in the thoracic spine. Medications included Desyrel, Docusate Sodium, Hydrocodone, Nexium, Omeprazole, Prozac, and Effexor. Examination by [REDACTED] on March 11, 2013 noted L5 radiculopathy and no evidence of radiculopathy in thoracic region. On August 16, 2013, she was seen by treating provider and was noted to have back pain at 7-8/10, in the lumbar and thoracic region. She noted increased spasms, recent chest pain and worsening of back pain with walking, sitting or bending. Her Psychiatry follow up was noted to be coming up. On examination, she was noted to be in no acute distress. Thoracic spine examination demonstrated greater pain on thoracic extension more so than flexion, and was noted to have palpable tenderness over the thoracic facet joints, more on the right side. She was also noted to have overlying spasms with worsening pain in thoracic region with abduction or elevation of the shoulders. Spring testing of the ribs was contributory for right sided costovertebral pain. Straight leg raising test was again positive. Cervical extension was also causing more pain in the right thoracic region. Clinical impression was thoracic pain most likely right facetal than discogenic with possible radicular problem to the right and some costovertebral component. It was noted that she was refusing facetal blocks and was noted to have clinical depression. She was referred for thoracic facet block, electrodiagnostic studies to evaluate for thoracic radiculopathy, Desyrel 50mg for depression and insomnia, discontinuing Prozac 20mg and initiation of Effexor. She was also seen by Psychiatry in September 2013 and was diagnosed with major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thoracic facet block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Neck and Upper Back, section on Facet diagnostic blocks.

Decision rationale: In this case, symptoms are thoracic spine pain. According to the ODG facet joint blocks are not recommended in the thoracic region. There is limited research on therapeutic blocks or neurotomies in this region and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region (Boswell, 2005) (Boswell2, 2005). Pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment to the rib cage. Injection of the joints in this region also presents technical challenge. A current non-randomized study reports a prevalence of facet joint pain of 42% in patients with chronic thoracic spine pain. This value must be put into perspective with the overall frequency of chronic pain in the cervical, thoracic and lumbar region. In this non-randomized study, 500 patients had 724 blocks. Approximately 10% of the blocks were in the thoracic region, with 35.2% in the cervical region and 54.8% in the lumbar (Manchikanti, 2004). Hence the medical necessity for thoracic facet block is not met.

EMG of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The employee's records reveal documentation by orthopedic surgeon that there was no evidence of radiculopathy in the thoracic region. She had an EMG in 2010 that was negative for radiculopathy or neuropathy of lower extremities. The MRI of thoracic spine showed no disc herniation. Her symptoms were mostly back pain with palpable tenderness over facet joints. The diagnosis was thoracic pain most likely facetal than discogenic with possible radicular problem to the right. According to ODG, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In the absence of numbness and radicular pain, there is no medical necessity for electrodiagnostic studies. The request for thoracic EMG is not medically necessary or appropriate.

NCS of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Disorders, section on Electrodiagnostic studies.

Decision rationale: The employee's records reveal documentation by orthopedic surgeon that there was no evidence of radiculopathy in the thoracic region. She had an EMG in 2010 that was negative for radiculopathy or neuropathy of lower extremities. The MRI of the thoracic spine showed no disc herniation. Her symptoms were mostly back pain with palpable tenderness over facet joints. The diagnosis was thoracic pain most likely facetal than discogenic with possible radicular problem to the right. According to ODG, for thoracic radiculopathy, nerve conduction studies are not recommended. The request for nerve conduction studies of thoracic region is not medically necessary or appropriate.

Desyrel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/trazodone>.

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

Decision rationale: According to the Official Disability Guidelines, Trazodone is recommended as an option for insomnia only for patients with coexisting depression or anxiety. It also has some anxiolytic actions. The employee was being treated for back pain with history of depression. Given the diagnosis of depression that was uncontrolled and insomnia, medical necessity for Trazodone has been established. The request for Trazodone or Desyrel 50 mg is medically necessary and appropriate.

Effexor: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: In this case, there is history of pain and major depressive disorder both of which are uncontrolled despite treatment. According to the MTUS Chronic Pain Guidelines, SNRIs like Effexor are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, Effexor is FDA-approved for anxiety, depression, panic disorder and social phobias. Hence the medical necessity for initiation of Effexor is met.

