

Case Number:	CM13-0035174		
Date Assigned:	12/13/2013	Date of Injury:	09/20/2010
Decision Date:	02/27/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine, has a subspecialty in Hospice and Palliative and is licensed to practice in Arizona. 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 is a 46 year old male who sustained an injury to his ribs and back when he was struck by a bull in his R ribcage and fell on his back 9/20/2010. He was seen on 9/5/2013 with midline sternal pain, right rib pain, and bilateral thoracic back pain. The patient reported aggravated Thoracic pain aggravated by prolonged sitting, lifting, twisting, any activities, lying down, coughing, sneezing and bearing down. Patient had been taking Hydrocodone 10/325 3-4 times a day, two Ildoderm patches QD and Prilosec daily. He had previously been on Cymbalta, Soma, Lyrica and Vicodin. ON exam his thoracic and lumbar ranges of motion wer restricted in all directions, he had tenderness ot palpation of his left sternum and xiphoid process, right intercostals and right ribs, and bilateral thoracic paraspinal muscles overlying the t9 to t12 facet joints. Thoracic and lumbar joint provocative maneuvers were positive. Nerve root tension signes were negative bilaterally. Muscle stretch reflexes were symmetric in the lower extremities. Negative clonus, Babnskis and Hoffman's signs. Muscle strength 5/5 in bilateral lower extremities, There was decreased sensation to the left T7, T8 and T9 dermatomes. The patient had a positve fluoroscopically guided diagnostic bilat T10-T11 and T11-T12 medial branch block that provided 100% relief after 30 minutes lasting greater than 2 hours. The previous bilat T10-T11 and T11-12 radiofrequency nerve ablation (neurotomy/rhizotomy) helped 50% for 16 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat RFA: Overturned

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

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, Facet joint injections, thoracic.

Decision rationale: The MTUS ACOEM guidelines do not specifically address thoracic facet blocks and radiofrequency ablation. The original denial was based that there was inadequate documentation to show "appropriate investigation involving controlled differential dorsal ramus median branch diagnostic blocks." Follow up note dated November 19, 2013 documents the positive fluoroscopically-guided medial branch blocks of the T10-T11 and T11-T12 with 100% relief after 30 minutes last greater than 2 hours. In addition, patient did demonstrate 16 months of 50% reduction in pain mediations with a previous radiofrequency nerve ablation. Official disability guidelines do not recommend therapeutic blocks or neurotomies of this region mainly due to lack of studies in the thoracic region, however this patient has had demonstrated relief with this procedure.