

<b>Case Number:</b>	CM13-0048800		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Occupational Medicine, and is licensed to practice in TEXas. 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 injured worker is a 52-year-old who reported an injury to his mid-back on March 1, 2001. The progress note dated August 21, 2012 indicates the injured worker having complaints of low back pain. The note indicates the injured worker having undergone an epidural steroid injection in the lumbar region. The injured worker reported 6/10 pain at that time. The note indicates the injured worker utilizing Morphine and Fentanyl patches for ongoing pain relief. The utilization review dated May 31, 2013 resulted in a denial for a medial branch block in the thoracic region as a lack of information had been submitted confirming the medical need for the proposed service. The progress note dated August 20, 2013 indicates the injured worker complaining of 7/10 in the mid-back region. Upon exam, increased pain was identified with extension of the thoracolumbar spine. Tenderness was identified upon palpation in the thoracic region. There is an indication the injured worker had previously undergone a medial branch block in the thoracic region which did provide 75% relief of mid-back pain for nearly two years. The clinical note dated September 17, 2013 indicates the injured worker reporting 100% of mid-back pain following a diagnostic medial branch block in the thoracic region. The note indicates the injured worker ambulating with a mildly antalgic gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THORACIC MEDIAN BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Facet joint diagnostic blocks (injections).

**Decision rationale:** The documentation indicates the injured worker complaining of mid and low back pain. Diagnostic medial branch blocks are indicated for injured workers who have demonstrated back pain that is non-radicular in nature. The clinical notes indicate the injured worker having undergone both diagnostic and therapeutic blocks in the thoracic region. Repeat diagnostic procedures are not indicated. The request for a thoracic median branch block is not medically necessary or appropriate.