

Case Number:	CM13-0060755		
Date Assigned:	02/03/2014	Date of Injury:	09/21/2012
Decision Date:	07/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation 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 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 patient is a 44-year-old male with a September 21, 2013 date of injury. The exact mechanism of injury has not been described. On October 22, 2013, the patient had thoracic spine pain, which was right-sided and mid-thoracic, and described as throbbing, sharp and constant. The pain level was an 8-9/10. Objective exam showed paravertebral facet tenderness and spasm in the mid-thoracic spine. An MRI of thoracic spine on April 25, 2013 showed T11-T12 small posterior disc protrusion, disc degeneration, and mild anterior disc compression of T11 without retropulsion. A bone scan on April 25, 2013 showed a single rounded focal area of increased activity adjacent to the right fifth costochondral articulation. The patients diagnoses included thoracic spine pain secondary to degenerative disc disease at T7-8 and T9-10, opioid dependence, chronic pain syndrome. The treatment plan included transcutaneous electrical nerve stimulation unit, massage, activity modification, medication management and physical therapy. A UR decision dated November 14, 2013 denied the request for right T5 facet steroid injection since injections to this area are not recommended as a first-line treatment option.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT T5 FACET STEROID INJECTION WITH FLUOROSCOPIC GUIDANCE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic.

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 Chapter.

Decision rationale: The ODG states that Thoracic Facet Joint Injections are not recommended. 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. 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. There is lack of evidence-based medicine to support the utility of facet joint injections in the thoracic area. Therefore, the request for Right T5 Facet Steroid Injection with Fluoroscopic Guidance was not medically necessary.