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| Case Number: | CM13-0062818 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/26/2011 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 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:

Medical records reflect the claimant is a 55 year old male who sustained a work injury on 1-26-11. An office visit on 6-10-13 notes the claimant has persistent upper back pain and right shoulder pain. The claimant is depressed. On exam, the claimant has decreased range of motion at the thoracic spine and right shoulder, spasms. Compression test with thoracic pain. The claimant had acupuncture treatment with increased pain. Office visit on 7-22-13 notes the claimant reported he tried swimming but aggravated his right shoulder and upper back pain. He has difficulty sleeping. OTC medications are not helping. He is drinking less alcohol. On exam, the claimant has decreased range of motion at the right shoulder and thoracic spine. He has C5 to C7 spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 MEDIAL BRANCH BLOCK X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter - facet diagnostic blocks

Decision rationale: ODG notes that one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is an absence in physical exam findings to support that this claimant has facet mediated pain. Therefore, the medical necessity of this request is not established.

THORACIC MEDIAL BRANCH BLOCK @ LEVELS ADJACENT TO FUSION IN THE THORACIC SPINE X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ISIS PRACTICE GUIDELINES FOR SPINAL DIAGNOSTIC AND TREATMENT PROCEDURES EDITED BY N BOGDUK (2004) PAGES 332-333

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter - facet diagnostic blocks

Decision rationale: ODG notes that one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is an absence in physical exam findings to support that this claimant has facet mediated pain. Additionally, this is a nonspecific request with levels not identified. Therefore, the medical necessity of this request is not established.