MAXIMUS Federal Services

Case Number:	CM13-0068624		
Date Assigned:	01/03/2014	Date of Injury:	09/02/2011
Decision Date:	07/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/19/2013

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, Pain 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 69 year old male whose date of injury is 09/02/2011. On this date he was pinned inside a box that fell approximately 5 feet. Treatment to date includes open reduction and internal fixation right lower extremity and left elbow, radiofrequency ablation on 12/09/13, 06/05/13 and 06/19/13, medial branch blocks at T5, T11 on 05/08/13 and at L3-L5 on 05/22/13. Lumbar MRI dated 10/07/13 revealed L1-2 and L3-4 are unremarkable. At L2-3 there is minimal disc bulge with minimal central canal and neural foraminal narrowing. At L4-5 there is subtle annular bulge with tiny left lateral annular tear and mild facet hypertrophy, no central canal narrowing and minimal right sided neural foraminal narrowing. At L5-S1 there is no disc bulge or herniation, no central canal or neural foraminal narrowing. Magnetic resonance imaging of the thoracic spine dated 10/30/13 revealed mild posterior disc bulges at T8-9 and T9-10.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT FACET MBB- THORACIC SPINE: Upheld

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 Low Back Chapter, Facet joint injections, thoracic.

Decision rationale: Based on the clinical information provided, the request for repeat facet medial branch block thoracic spine is not recommended as medically necessary. The Official Disability Guidelines would support one set of medial branch blocks and do not support a second confirmatory set of blocks. Additionally, the Official Disability Guidelines specifically state that thoracic medial branch blocks 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.

LUMBAR ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for lumbar epidural steroid injection is not recommended as medically necessary. The request is nonspecific and does not indicate the level, laterality or approach to be utilized. California Medical Treatment Utilization Schedule guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The submitted lumbar magnetic resonance imaging fails to document any significant neurocompressive pathology. Given these factors, the requested epidural steroid injection is not medically necessary.