

Case Number:	CM14-0000082		
Date Assigned:	01/10/2014	Date of Injury:	04/27/1997
Decision Date:	06/05/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 55 year old female who reported an injury on 04/27/1997. The injured worker was seen on 01/03/2014 for a follow-up visit status post bilateral T3-4 and T4-5 facet blocks that she reported gave her temporary improvement. Clinical findings indicate range of motion 90 degrees flexion, 30 degrees extension, 20-30 degrees right and left lateral rotation, 20-30 degrees right and left lateral bending. She had tenderness over the mid thoracic facet joints and increased pain on thoracic extension with TPI identified. She had palpable muscle spasms across the thoracic region, tenderness over the mid to lower thoracic region with trigger points identified. She has increased pain with thoracic extension and rotation. Diagnosis of degeneration of thoracic or thoracolumbar intervertebral disc without myelopathy. The current plan is for bilateral T2, T3, and T4 Medial Branch Block and a consideration of Radiofrequency Ablation if she has a positive diagnostic Medial Branch Block. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK AT T2,T3 AND T4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Facet joint injections, thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar And Thoracic, Injections.

Decision rationale: The request for Medial Branch Block at T2, T3 and T4 is not medically necessary. The injured worker has had facet blocks with reported improvement. The Official Disability Guidelines do not recommend thoracic medial branch blocks. There is limited research on therapeutic blocks or neurotomies in this region. 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. According to the ODG the request does not fall under the guidelines thus, the request for Medial Branch Block to the T2, T3 and T4 is not medically necessary.