

Case Number:	CM14-0126208		
Date Assigned:	08/13/2014	Date of Injury:	02/28/2011
Decision Date:	11/03/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Preventative Medicine and is licensed to practice in Iowa. 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:

This patient is a 57 year old employee with date of injury of 2/28/2011. Medical records indicate the patient is undergoing treatment for hip contusion, shoulder impinging syndrome, cervical disc degeneration, cervicalgia, thoracic degenerative disc, pain in thoracic spine, thoracic/lumbosacral neuritis unspecified and adjust reaction with prolonged depression. Past surgical history includes 1993 and 2002 for a brain tumor. Subjective complaints include: pain without medication is 10/10; pain with medication is 8/10. The patient can function to do activities of daily living for about 2-3 hours and without medication, needs to lie down. She complains of ongoing neck and thoracic pain which is described as "aching" in the neck. Her back pain includes spasm, burning and shooting. She is experiencing shooting pain with numbness and tingling down the right shoulder and arm, hand, middle and pointer finger. She says that NSAIDS provide no relief and she gets partial, brief, temporary relief from PT, acupuncture, massage therapy or chiropractic care. On 4/24/14 the patient had a transforaminal epidural steroid injection. Objective findings include facet tenderness on the thoracic spine bilaterally at T5, T6, T7 and T8 levels. Facet loading on the thoracic spine causes pain. Neck rotation limited by pain and neck extension and flexion to 40 degrees. MRI of the thoracic spine (3/5/2013) reveals endplate edema anteriorly at T9-10. The posterior half of T2 vertebral body abnormal signal intensity is most likely related to cavernous hemangioma. Degenerative spondylosis is seen with narrowing of lower thoracic disc spaces with small marginal osteophytes. There is protrusion at T5-6 and T6-7. Treatment has consisted of Norco, Valium, Ibuprofen, Vitamin B Complex capsule and a daily vitamin tablet. The patient has had PT, acupuncture; massage therapy and chiropractic care all which have failed. The patient does not get relief from NSAIDS. The utilization review determination was rendered on 7/8/2014 recommending non-certification of Right T5/6 T6/7 and T7/8 Facet Blocks Quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T5/6 T6/7 and T7/8 Facet Blocks Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back Chapter

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, Facet joint therapeutic steroid injections

Decision rationale: ODG states "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. While the treating physician did detail trial and failures of first line therapy and why facet blocks are needed at this time, the treating physicians request is in excess of 2 levels. As such the request for Right T5/6 T6/7 and T7/8 Facet Blocks Quantity 1 is not medically necessary.