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| Case Number: | CM14-0139085 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 05/10/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 53 year old male with an injury date of 05/10/13. Based on the 07/14/14 progress report provided by [REDACTED] the patient complains of mid thoracic pain rated 8/10 radiating in the right T6 distribution. Physical examination reveals dysesthesias to light touch along the T6 dermatome on the right. Patient had a trigger point injection during his last visit, which was effective for 2 days. Diagnosis 07/14/14- multilevel thoracic disc disease with sprain- L3 through S1 lumbar spondylosis and facet arthropathy with L4-L5 disc extrusion and bilateral lower extremity radiculopathy- obesity, diabetes, hypertension, hyperlipidemia, non-occupational- thoracic myofascial pain with trigger points. Dr. [REDACTED] is requesting for Right T5, T6, T7, T8 Medial Branch radio frequency Ablation. The utilization review determination is dated 08/21/14. The rationale is: "not recommended by guidelines." [REDACTED] is the requesting provider, and he has provided treatment reports from 03/12/14 - 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Right T5, T6, T7, T8 Medial Branch Radio-Frequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines: 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) low back chapter, for: Facet joint injections, thoracic

Decision rationale: The patient presents with mid thoracic pain rated 8/10 radiating in the right T6 distribution. The request is for Right T5, T6, T7, T8 Medial Branch radio frequency Ablation. Diagnosis dated 07/14/14 includes thoracic myofascial pain with trigger points. ODG-TWC guidelines, low back chapter, for: Facet joint injections, thoracic:" Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended."Per treater report dated 07/14/14, the patient had a trigger point injection during his last visit, which was effective for 2 days. However, guidelines do not support the requested procedure in the thoracic region, therefore, the request is not medically necessary and appropriate.