

<b>Case Number:</b>	CM14-0159576		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/31/2002
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine 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 56-year-old female who reported an injury on 10/31/2002 due to a fall. Her diagnoses include thoracic region sprain and lumbago. Past treatments included a spinal cord stimulator, surgery, medications, physical therapy, acupuncture, and low back injections in 2005 and 2011. On 08/05/2014, the injured worker complained of lumbar pain rated at 5/10 to 7/10. She also indicated thoracic back pain rated 10/10 and medications helped slightly. The physical examination revealed normal sensation, normal deep tendon reflexes and normal motor strength. Her medications included Vicodin, Norco 10/325 mg as needed, and Zanaflex 4 mg at night. The treatment plan included continued medications, consider injections, and a followup. A request was received for bilateral T4-8 thoracic medial branch blocks. A rationale was not provided. A Request for Authorization form 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:

**Bilateral T4-8 Thoracic Medial Branch Blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation International Spine Intervention Society, 2005, Thoracic Intra-Articular Zygapophysial Joint Blocks, pages 314-329.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, facet injections of corticosteroids and diagnostic block panels do not meet interpretation of inclusion criteria for research based evidence. More specifically, the Official Disability Guidelines state facet joint diagnostic blocks are recommended prior to facet neurotomy. The use of diagnostic blocks for facet nerve pain should be consistent with a clinical presentation of unilateral pain not radiating past the shoulders with cervical pain that is non-radicular and are performed at no more than 2 levels bilaterally in one session. There should also be documentation of failed conservative care treatment including home exercise, physical therapy and NSAIDS. The injured worker is noted to have thoracic back pain rated 10/10. She also reported pain relief with physical therapy and acupuncture, which is not indicative of failed conservative treatment. As there is lack of documentation indicating a plan for a neurotomy, documentation indicative of failed conservative treatments and lack of significant findings indicative of facetogenic pain upon physical examination including decreased range of motion in the thoracic spine, the request is not supported by the guidelines. As such, the request For Bilateral T4-8 Thoracic Medial Branch Blocks is not medically necessary.