

Case Number:	CM14-0177127		
Date Assigned:	10/30/2014	Date of Injury:	06/19/2005
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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:

Injured is a 44-year-old male who has submitted a claim for thoracic/lumbosacral neuritis/radiculitis, displacement of intervertebral disks without myelopathy, systemic lupus erythematosus, Sheehan syndrome, and history of chemotherapy associated with an industrial injury date of 6/19/2005. Medical records from 2014 were reviewed. Injured worker complained of thoracic pain specifically on the left. Pain was rated 8/10 in severity without noted improvement from oral medications. Aggravating factors included movement and exertion. Injured worker had significant problems with activities of daily living, specifically showering, dressing and toileting. Physical examination showed depressed knee and ankle jerks. Straight leg raise test was negative bilaterally. Tenderness was noted at parathoracic areas from T7 to T8 level. Pain was worse with back extension. The most recent CT imaging study from 8/14/2014 showed satisfactory progression of spinal fusion from T9 to sacral area. However, there was radiographic evidence of T7 to T10 facet arthropathy and bony osteophytes involving the facets. Injured worker was recommended to undergo diagnostic medial branch blocks at the left T8 to T9 to determine need for radiofrequency ablation. Treatment to date has included spinal fusion, physical therapy, and medications. Utilization review from 10/13/2014 denied the request for left facet injection at T7 to T8 and T8 to T9 because of absence of diagnostic imaging results in the medical record submitted. Moreover, there was no evidence of exhaustion of conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Facet Injection T7-T8, T8-T9: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections are "recommended for non-radicular facet mediated pain." In addition, the Official Disability Guidelines states that diagnostic medial branch blocks are "indicated with non-radicular low back pain; failure of conservative treatment; no more than 2 joint levels are injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy." In this case, injured worker complained of thoracic pain specifically on the left. Pain was rated 8/10 in severity without noted improvement from oral medications. Aggravating factors included movement and exertion. Injured worker had significant problems with activities of daily living, specifically showering, dressing and toileting. Physical examination showed tenderness at parathoracic areas from T7 to T8 level. Pain was worse with back extension. The most recent Computed Tomography (CT) imaging study from 8/14/2014 showed radiographic evidence of T7 to T10 facet arthropathy and bony osteophytes involving the facets. The injured worker was recommended to undergo diagnostic medial branch blocks at the left T8 to T9 to determine need for radiofrequency ablation. Injured worker had failed conservative measures involving physical therapy and oral medications. Given that clinical manifestations were consistent with facet-mediated type of pain and corroborated by imaging studies, a facet block procedure may be warranted. The treatment plan likewise included continuation of physical therapy after facet block. Therefore, the request for Left Facet Injection at T7 to T8 and T8 to T9 is medically necessary.