

Case Number:	CM14-0181835		
Date Assigned:	11/06/2014	Date of Injury:	11/09/1999
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

57 year old male injured worker with date of injury 11/9/99 with related mid back pain. Per progress report dated 9/23/14, the injured worker rated his pain 8/10, and noted that it had been increasing over the past month. He felt that the benefit obtained from the thoracic spine facet injection to the bilateral T6-T7 and T7-T8 performed on 2/28/14 was beginning to wear off. Prior to the past month, the pain level was 6/10 at the highest. Per physical exam, there was tenderness to palpation over the thoracic facet regions at T6-T7 and T7-T8. Range of motion of the thoracic spine was decreased in all planes, primarily with thoracic extension. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included facet joint injections, and medication management. The date of UR decision was 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injections at bilateral T6-T7, T7-T8: Upheld

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

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 intra-articular injections (therapeutic blocks)

Decision rationale: The ODG-TWC states that thoracic facet joint injections are not recommended. Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. As the injured worker has previously undergone facet joint injection 2/28/14 and 9/20/13, he does not meet the criteria for diagnostic blocks. Treatment should proceed to neurotomy. Furthermore, thoracic facet joint injections are not recommended by the guidelines. The request is not medically necessary.