

Case Number:	CM14-0182197		
Date Assigned:	11/07/2014	Date of Injury:	06/09/2009
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
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 Physical Medicine and Rehabilitation, 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 55 year old male with an injury date of 06/09/09. The 10/10/14 report by ■■■ states that the patient presents with mid to right deep, achy lumbosacral pain worsened by bending, twisting and prolonged sitting and helped by lying down, spinal cord stimulation (40 percent) and medication (60 percent) accompanied by impotence, urinary incontinence and right foot drop and numbness. The patient also presents with right dorsal thoracic pain focally above the thoracolumbar junction that is intermittent and provoked by right and left axial rotation. There is also knee pain and right leg pain in the lateral and anterior right thigh with 60 percent relief from the spinal cord stimulator. The patient is scheduled for total knee replacement. The patient's gait is antalgic with use of a single point cane. The examination of 08/22/14 shows tenderness to palpation in the lower thoracic and upper lumbar region. MRI thoracic spine of 08/22/14 presents the following conclusion: Moderate multilevel thoracic spondylosis and disc height narrowing. The patient's diagnoses include: 1. Thoracic spondylosis, possible right sided facet pain based on limited lumbar flexion and extension2. Lumbar spondylosis3. Post laminectomy lumbar (2010)4. Lumbar or thoracic radiculopathyMedications for pain are listed as Hydrocodone and Gabapentin. The utilization review being challenged is dated 10/21/14. The rationale is that facet joint injections and neurotomies in the thoracic spine are not recommended per ODG. Reports were provided from 09/16/09 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T9-10, T10-11 Medial Branch Blocks: 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 Chapter (Lumbar and Thoracic), 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, Facet Joint Injections; Thoracic

Decision rationale: The patient presents with intermittent right dorsal thoracic pain and lumbar pain. The provider requests for Right T9-10, T10-11 Medial Branch Blocks ODG guidelines Low Back Chapter, Facet Joint Injections, Thoracic, states, "Not recommended. There is limited research on therapeutic blocks or neurotomies in this region and the latter procedure (neurotomies) are not recommended." On 10/10/14 the provider states this request is due to "right-sided dorsal thoracic intermittent pain, limited thoracic pain, and limited thoracic range of motion and right sided axial pain with facet loading and palpation. Patient failed conservative treatment including physical therapy and medication management." Reports also show the patient received an L3, 4, 5 right side Medial Branch Neurotomy 10/08/14 with 80 percent relief. In this case, ODG guidelines do not support neurotomy or diagnostics of the facet joints in thoracic region. Therefore, this request is not medically necessary.