

Case Number:	CM14-0023387		
Date Assigned:	05/12/2014	Date of Injury:	09/21/2012
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for thoracic spine pain reportedly associated with an industrial injury of September 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; adjuvant medications; and a TENS unit. In a Utilization Review Report dated February 5, 2014, the claims administrator apparently denied a right T5 costal facet injection under facet guidance, citing non-MTUS ODG Guidelines exclusively in its denial. The claims administrator stated that there was limited evidence to support facet injections. The applicant's attorney subsequently appealed. In an October 22, 2013 progress note, the applicant presented with 8-9/10 thoracic spine pain, right sided, exacerbated by movement. The applicant did have paravertebral facet tenderness about the mid thoracic spine. The applicant apparently had a bone scan demonstrating a focal area of increased activity adjacent to the right costochondral articulation. The attending provider felt that injection of the right T5 costal facet with fluoroscopic guidance would likely be beneficial here. It was stated that the applicant had an unusual injury. Nucynta, Cymbalta, Zanaflex, Lidoderm, and Flector patches were sought. An earlier note of September 21, 2012 was notable for comments that the applicant was using Nucynta. The applicant again had tenderness about the right T5 intercostal junction at that point in time. The remainder of the file was surveyed. It did not appear that the applicant had had the proposed injection at any point in time. On December 6, 2013, the applicant stated that his pain was unbearable because he could not have the proposed interventional procedure in question. REFERRAL QUESTIONS: 1. Yes, the proposed right T5 costal facet injection under fluoroscopic guidance is medically necessary, medically appropriate, and indicated here. While the overall MTUS recommendation in ACOEM Chapter 8, Table 8-8, page 181 on facet joint injections of corticosteroid is "not recommended," ACOEM Chapter 8, page

178 does state that there is limited evidence that radiofrequency neurotomy procedures may be effective in relieving or reducing cervical facet joint pain amongst the applicants who have had a positive response to facet injections. In this case, the applicant's pain is seemingly confined to the T5 level. The applicant has had a bone scan apparently suggestive of some pathology at that level. The applicant has failed multiple first- and second-line treatments, including physical therapy, muscle relaxants, adjuvant medications, opioid agents, etc. Given the fact that the applicant has failed numerous other first- and second-line treatments, the proposed first-time right T5 costal facet injection is medically necessary, despite the tepid-to-unfavorable ACOEM recommendation. REFERENCES: 1. ACOEM Practice Guidelines, Chapter 8, page 174, Initial Care section. 2. ACOEM Practice Guidelines, Chapter 8, Table 8-8, page 181.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT T5 COSTAL FACET INJECTION UNDER FLUOROSCOPIC GUIDANCE:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

Decision rationale: While the overall MTUS recommendation in ACOEM Chapter 8, Table 8-8, page 181 on facet joint injections of corticosteroid is "not recommended," ACOEM Chapter 8, page 178 does state that there is limited evidence that radiofrequency neurotomy procedures may be effective in relieving or reducing cervical facet joint pain amongst the applicants who have had a positive response to facet injections. In this case, the applicant's pain is seemingly confined to the T5 level. The applicant has had a bone scan apparently suggestive of some pathology at that level. The applicant has failed multiple first- and second-line treatments, including physical therapy, muscle relaxants, adjuvant medications, opioid agents, etc. Given the fact that the applicant has failed numerous other first- and second-line treatments, the proposed first-time right T5 costal facet injection is medically necessary, despite the tepid-to-unfavorable ACOEM recommendation.