

Case Number:	CM14-0036430		
Date Assigned:	06/25/2014	Date of Injury:	11/21/2003
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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:

Injured worker is a male with date of injury 11/21/2003. Per progress note dated 2/14/2014, the injured worker had bilateral T5 and T6 medial branch radiofrequency procedure on 1/22/2014. His pain stayed the same in the recovery area. He states he was very sore after the procedure and does feel overall 50% better but still having a lot of pain he feels at the level directly above the procedure at T4. He feels this procedure did help localize the pain the the T4 area. He has received previous thoracic epidurals with about 2 days relief and not long-lasting with repeating it. He has had magnetic resonance imaging (MRI) and computed tomography (CT) of the thoracic spine. He is currently retired but does work part-time. On exam his injection sites have healed with no ecchymosis, swelling, or infection signs visualized. He appears to be markedly tender over the T4 area bilaterally with left greater than right. Diagnoses include thoracic spine pain, symptomatic; thoracic spine degenerative disc disease (DDD), symptomatic; thoracic spine myofascial pain, symptomatic; and thoracic spine herniated nucleus pulposus (HNP) bulge, symptomatic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T4 Medical Branch Blocks with IV sedation under fluroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Facet Joint Injections.

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

Decision rationale: The requesting physician reports on 3/21/2014 that the injured worker has had short-term relief with all treatments including epidurals, facet medial branch blocks and radiofrequency lesioning. He appears to have some relief of his symptoms over the previous rest of his radiofrequency to just superior to this he has marked increase in pain with palpation. The physician recommends a one-time block of the medial branches just above where his last radiofrequency was done. The MTUS Guidelines do not recommend the use of facet joint injections. The claims administrator referred to the ODG. The request for bilateral T4 medial branch blocks with IV sedation under fluoroscopy is determined to not be medically necessary.