

Case Number:	CM14-0036584		
Date Assigned:	06/25/2014	Date of Injury:	09/10/2010
Decision Date:	08/12/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old male with a 9/10/10 date of injury. At the time (3/17/14) of request for authorization for Left Thoracic (T)10, T11, T12, Lumbar (L)1 Medial Branch Block (MBB), there is documentation of subjective (axial low back pain with left leg pain to below knee, severe burning pain to left anterior thigh, difficulty ambulating, mid-back pain to left side) and objective (ataxic gait, ambulates with cane, thoracic paraspinal muscle tenderness to left, and radicular and facet pain on thoracic and lumbar spine) findings, current diagnoses (lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc disorder, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, spasm of muscle, and unspecified myalgia and myositis, and closed fracture of lumbar and thoracic vertebra without spinal cord injury) and treatment to date (medications (including opioids) and home exercise program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Thoracic T10, T11, T12, Lumbar (L), 1 Medial Branch Block (MBB): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain 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) Low Back, Facet joint injections, thoracic.

Decision rationale: MTUS does not address this issue. ODG does not recommend thoracic facet joint injections. Therefore, based on guidelines and a review of the evidence, the request for Left Thoracic T10, T11, T12, Lumbar (L), 1 Medial Branch Block (MBB) is not medically necessary.