

Case Number:	CM14-0042481		
Date Assigned:	06/30/2014	Date of Injury:	02/25/2008
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old female who reported an injury on 02/25/2008. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnoses were noted to be cervical strain with radiculopathic findings in the arms, reflex sympathetic dystrophy of the right forearm, thoracic intervertebral disc herniations with radicular pain, mild thoracic radiculopathy with loss of sensation in the thoracic dermatomal distribution associated with thoracic intervertebral herniations, and muscle spasm in the paravertebral regions associated with thoracic intervertebral disc herniations. Prior treatments were noted to be medications and H wave unit. The injured worker had a clinical evaluation on 01/13/2014. She had complaints of thoracic spine pain that radiated to her bilateral chest wall, more left than right. The physical examination noted severe tenderness to palpation over the paraspinal regions, T1 through T12 bilaterally. In the posterior thoracic spine, T5-T11 provoked severe muscle spasm pains. Range of motion was normal with flexion slightly impaired with extension and lateral bending to the right was only 10 degrees and to the left only 10 degrees. Motor strength examination was found to be normal. The injured worker had an MRI of the thoracic spine on 01/25/2013, showing T6-T7 mild central left paracentral disc protrusion and minimal disc bulging at T3-T4, T5-T6, and T11-T12. In addition, T11-T12 minimal disc bulging created minimal canal compromise. The injured worker's relevant medications were noted to be Ritalin, Wellbutrin, Norco, Tizanidine, Voltaren gel, Nuvigil, and Nucynta. The treatment plan was for bilateral thoracic medial branch block at T5-6, T6-7, and consideration for rhizotomy if significant pain relief from medial branch block. The provider's rationale for the request was noted within a physical examination on 01/13/2014. The request for authorization for medical treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One T3-6 and T6-T7 medial branch block ablations: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS American College of Occupational and Environmental Medicine indicate facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. The clinical evaluation should include facet joint pain signs and symptoms over the joint levels requested. The diagnostic blocks are limited to patients with low back pain that is non-radicular and at no more than 2 joint levels bilaterally. There must be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4-6 weeks. There can be no more than 2 facet joint levels injected in 1 session. The diagnostic facet blocks should only be performed in patients in whom a surgical procedure is anticipated. The diagnostic facet blocks should not be performed on patients who have had a previous fusion procedure at the planned injection level. The clinical exam provided with review does not indicate failure of conservative treatment. The provider's request is in excess of the guidelines recommendations of no more than 2 joint levels bilaterally. Therefore, the request for 1 T3-6 and T6-7 medial branch block ablations is not medically necessary.