

<b>Case Number:</b>	CM14-0051578		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Medicine and is licensed to practice in Texas. 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 60 year old male whose date of injury is 12/17/08 when he was attempting to break up a fight between two students and one of them stepped back onto his foot causing him to lose his balance and fall backwards hitting the handrail on the wall. On 01/24/11 the injured worker underwent diagnostic medial branch block at right T7, T8 and T9 levels, which provided 70% relief. He subsequently underwent radiofrequency neurotomy at right T7, T8 and T9 on 03/29/11. Per medical report dated 02/18/14 the injured worker's last visit was 06/19/12. It was noted that the injured worker has had two thoracic neurotomies providing over a year of relief, and one lumbar neurotomy which is still providing relief. Current medications were listed as Ibuprofen, Tylenol and/or Aleve. On examination thoracic extension and flexion cause left thoracic pain. There is tenderness over the facet joints at T7-8, T8-9 and T6-7. Medial branch block was recommended at left T7, T8 and T9.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic medial branck block at Left T7,T8,T9 levels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-neck and upper back chapter.

**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--Lumbar and Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** Per Official Disability Guidelines (ODG), diagnostic facet/medial branch blocks may be indicated for patients with back pain that is non-radicular and at no more than two levels bilaterally, and who have failed conservative treatment prior to the procedure for at least four to six weeks. The use of intravenous sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. It appears that the injured worker has not been seen for treatment in nearly two years, and there is no documentation of recent conservative care of at least four to six weeks. There is no indication that the injured worker has extreme anxiety to support the need for sedation. Also, the use of sedation is not supported per ODG as this compromises the diagnostic value of the injection. Based on the clinical information provided, medical necessity is not established for the proposed thoracic medial branch block at left T7, T8, T9 levels.

**Needle localization by x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-neck and upper back chapter.

**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--Lumbar and Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** Per Official Disability Guidelines (ODG), diagnostic facet/medial branch blocks may be indicated for patients with back pain that is non-radicular and at no more than two levels bilaterally, and who have failed conservative treatment prior to the procedure for at least four to six weeks. The use of intravenous sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. It appears that the injured worker has not been seen for treatment in nearly two years, and there is no documentation of recent conservative care of at least four to six weeks. As medical necessity is not established for the proposed thoracic medial branch block at left T7, T8, T9 levels, there is no need for localization by x-ray.

**Moderate sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Physician: January/February 2009 : 12:195-206.

**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--Lumbar and Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** Per Official Disability Guidelines (ODG), diagnostic facet/medial branch blocks may be indicated for patients with back pain that is non-radicular and at no more than two levels bilaterally, and who have failed conservative treatment prior to the procedure for at least four to six weeks. The use of intravenous sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. It appears that the injured worker has not been seen for treatment in nearly two years, and there is no documentation of recent conservative care of at least four to six weeks. There is no indication that the injured worker has extreme anxiety to support the need for sedation. Also, the use of sedation is not supported per ODG as this compromises the diagnostic value of the injection. Based on the clinical information provided, medical necessity is not established for moderate sedation.