

Case Number:	CM14-0051606		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2012
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 39-year-old female who was reportedly injured on June 4, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 17, 2014, indicated that there were ongoing complaints of thoracic and lumbar spine pain. The physical examination demonstrated tenderness of the lumbar paraspinal muscles overlying the bilateral L1 through L4 facets and the thoracic paraspinal muscles overlying bilateral T5 through T9 facet joints. There was increased pain with extension rather than flexion, and there was a normal lower extremity neurological examination. Diagnostic imaging studies of the thoracic spine showed a disc protrusion at T5-T6. Previous treatment included an L1 through L3 and T10 through T12 radiofrequency nerve ablation with 50% pain relief. A request was made for fluoroscopically-guided bilateral T6-T7 and T8-T9 facet joint medial branch block with sedation and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided bilateral T6-T7 and T8-T9 facet joint medial branch block with sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Thoracic Facet Blocks, 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 Injections, Thoracic, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, thoracic facet joint injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure is also not recommended. Therefore, this request for fluoroscopically guided bilateral T6-T7 and T8-T9 facet joint medial branch blocks with sedation is not medically necessary.