

Case Number:	CM14-0065340		
Date Assigned:	06/04/2014	Date of Injury:	10/05/2011
Decision Date:	08/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 records presented for review indicate that this 33 year-old individual was reportedly injured on 10/15/2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/12/2014 indicates that there are ongoing complaints of mid back pain. The physical examination demonstrated thoracic spine: positive tenderness to palpation thoracic musculature, positive facet loading bilaterally T7-T8, T8-T9. Decreased range of motion. No recent diagnostic studies are available for review. Previous treatment includes medication, physical therapy, and conservative treatment. A request had been made for steroid/anesthetic injection - medial branch block bilateral T7-T8 and T8-T9, and was not certified in the pre-authorization process on 4/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID/ANESTHETIC INJECTION - MEDIAL BRANCH BLOCK BILATERAL T7-T8 AND T8-T9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ,TREATMENT FOR WORKER'S COMPENSATIONS ,LOW BACK LUMBAR AND THORACIC FACET JOINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the Chronic Pain Medical Treatment Guidelines. Specifically, there is no documentation of radiculopathy. As such, the requested procedure is deemed not medically necessary.