

<b>Case Number:</b>	CM14-0067208		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2014

### 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 Occupational Medicine 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:

The patient is a 62-year-old male who has submitted a claim for thoracic compression fracture, and thoracic pain; associated with an industrial injury date of 05/07/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of mid back pain, graded 2/10 and 5/10 with and without medications, respectively. Physical examination showed tenderness and spasm noted on the left paravertebral muscles. Thoracic and lumbar facet loading tests were positive bilaterally. Motor testing was normal. Sensation was decreased over the chest wall and in the thoracic region at the level of T6-T9 bilaterally. MRI of the thoracic spine, dated 10/24/2013, showed mild narrowing tenderness of the spinal canal and indentation of the anterior contour of the thoracic cord at the level of T6-T7, and mild spinal stenosis at the level of T7-T8. Treatment to date has included medications, physical therapy, and chiropractic therapy. Utilization review, dated 04/22/2014, denied the request for medial branch nerve blocks because there was nothing on any exam that localizes the pain to these facet joint levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Nerve Blocks Bilateral T6-T7 Quantity: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint pain Official Disability Guidelines, Low Back Chapter, Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections are recommended for non-radicular facet mediated pain. In addition, the Official Disability Guidelines states that diagnostic medial branch blocks are indicated with non-radicular low back pain; failure of conservative treatment; no more than 2 joint levels are injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the patient complains of back pain despite medications, physical therapy, and chiropractic therapy. Physical examination showed decreased sensation over chest wall and in the thoracic region at the level of T6-T9 bilaterally, tenderness and spasm at the left paravertebral muscles. Clinical manifestations were not consistent with facet-mediated type of pain. Guidelines do not recommend medial branch blocks in patients with radicular pain. Therefore the request for medial branch nerve blocks bilateral T6-T7 quantity: 1.00 is not medically necessary.

**Medial Branch Nerve Blocks Bilateral T7-T8 Quantity: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint pain Official Disability Guidelines, Low Back Chapter, Medial Branch Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections are recommended for non-radicular facet mediated pain. In addition, the Official Disability Guidelines states that diagnostic medial branch blocks are indicated with non-radicular low back pain; failure of conservative treatment; no more than 2 joint levels are injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the patient complains of back pain despite medications, physical therapy, and chiropractic therapy. Physical examination showed decreased sensation over chest wall and in the thoracic region at the level of T6-T9 bilaterally, tenderness and spasm at the left paravertebral muscles. Clinical manifestations were not consistent with facet-mediated type of pain. Guidelines do not recommend medial branch blocks in patients with radicular pain. Therefore the request for medial branch nerve blocks bilateral T7-T8 quantity: 1.00 is not medically necessary.