

Case Number:	CM14-0081601		
Date Assigned:	07/25/2014	Date of Injury:	06/26/2008
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management, 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:

This is a 38-year-old with a June 26, 2008 date of injury, when he sustained fracture of T7-8 level while lifting a patient. May 1, 2014 determination was non-certified given no axial back pain with positive facet loading test. March 18, 2014 medical report identified low back pain in the thoracic region that was affecting the patient's activities of daily living. Exam revealed decreased range of motion with pain with bilateral lateral rotation. Motor strength and sensation were intact. There were muscle spasm around T8 and T9 paraspinal muscles, which result in decreased range of motion. Treatment plan included continuation of medications and home stretching exercises. Prior medical reports identify requests for epidural injections for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral thoracic medial branch blocks at T6, T7, T8, and 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter (Lumbar and Thoracic) Facet joint injections, thoracic Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter

procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. (Boswell, 2005) (Boswell2, 2005) Pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment to the rib cage. Injection of the joints in this region also presents technical challenge. A current non-randomized study reports a prevalence of facet joint pain of 42% in patients with chronic thoracic spine pain. This value must be put into perspective with the overall frequency of chronic pain in the cervical, thoracic and lumbar region. In this non-randomized study, 500 patients had 724 blocks. Approximately 10% of the blocks were in the thoracic region, with 35.2% in the cervical region and 54.8% in the lumbar. (Manchikanti, 2004).

Decision rationale: There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. In addition, there medical records provided identify requests for epidural injections, and there was no recommendation for facet injections. The request for bilateral thoracic medial branch blocks at T6, T7, T8, and T9 is not medically necessary or appropriate.