

Case Number:	CM14-0086768		
Date Assigned:	07/23/2014	Date of Injury:	06/19/2005
Decision Date:	09/12/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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:

There were 33 pages provided for review. The request for the independent medical review was signed on May 30, 2014. It was for a left T9-T10 facet injection. Per the records provided, the patient is a 44-year-old person who sustained an injury back in 2005, now about 9 years ago. He is status post T10 to pelvis posterior spinal fusion with right-sided L3-L4 and L4-L5 lumbar interbody fusion in July 2013. The patient had physical therapy. The medicines were Dilaudid, Amitriptyline, Lyrica, OxyContin and Tizanidine. Instrumentation was in a good position. The screws and the rods appeared to be intact. As of May 7, 2014, the patient noticed and onset of severe left upper thoracic pain. There was significant functional limitation. The strength was five out of five. The pain centered over the mid to lower thoracolumbar spine. It was not proximal to the instrumentation. It was thought that perhaps with physical therapy the patient had some local irritation of the facet joint, or hardware irritation. The doctor recommended activity modification as well as the T9-T10 at T10 facet block to see how the patient responded. There was a note from May 22, 2014. There is chronic back pain status post fusion. The patient is still on Dilaudid, OxyContin, Lyrica, Amitriptyline and Tizanidine. The assessment was status post lumbar fusion, degenerative disc disease, hyperalgesia and idiopathic scoliosis and kyphosis-scoliosis. The patient was given Toradol orally and will be scheduled for the left T9-T10 facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left T9-10 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar and Thoracic (Acute and Chronic) Facet Joint Diagnostic blocks (injections), updated 5/12/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Thoracic, under therapeutic facet injections.

Decision rationale: The MTUS does not address thoracic facet blocks. In this case, it is not clear if intra-articular or medial branch blocks are proposed. It was not discernible on detailed records review. For intra-articular, the ODG gives a 'not-recommended' rating as there are no quality studies regarding the effect of intra-articular steroid injections. There are also no comparative studies between intra-articular blocks and rhizotomy. Also, clinical presentation should be consistent with facet joint pain, signs & symptoms. In this case, facet signs are not included in the records, other than focal pain. Also, there is past spinal fusion and blocks are prohibited at areas of past fusion, and it appears the blocks would also go into one level of the fusion. There is no evidence of these blocks being done as part of a formal plan of rehabilitation. And if intra-articular, just one block is supported. In summary, there is insufficient information provided to say that criteria are met for these thoracic facet injections. Based on MTUS and ODG criteria, this request is not medically necessary.