MAXIMUS Federal Services

Case Number:	CM14-0191036		
Date Assigned:	11/24/2014	Date of Injury:	04/06/2009
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old female who was injured on April 6, 2009.The patient continued to experience pain in her mid-thoracic region. Physical examination was notable for tenderness along the thoracic spine at T6/7-T9/10 bilaterally and normal range of motion of the thoracic spine. Diagnoses included thoracic discogenic disease and thoracic facet syndrome. Treatment included medications, epidural steroid injection, and physical therapy. Request for authorization for medial branch block at T8-9 and T9-10 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Thoracic Medial Branch Block at T8-9 and T9-10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Thoracic and Lumbar, Facet joint medial branch blocks (therapeutic injections)

Decision rationale: Facet joint medial branch blocks are not recommended except as a diagnostic tool. Per ODG there is minimal evidence for treatment. Per MTUS invasive

techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. Thoracic medial branch block is not recommended. The request is not medically necessary.