

<b>Case Number:</b>	CM14-0192755		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of September 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve requests for thoracic disco gram and associated thoracic facet blocks. In a progress note dated October 7, 2014, the applicant reported ongoing complaints of neck, mid back, and shoulder pain with tenderness about the T6-T8 region. The claims administrator alluded to the applicant's having undergone earlier thoracic spine plain film imaging of August 12, 2014 notable for disk denervation of T7-T8 and T8-T9 with sub-acute versus chronic compression fracture of T11-T12. The attending provider also alluded to earlier MRI imaging of the thoracic spine of September 9, 2014 demonstrating a mild 2-mm disk bulge at T11-T12 without any compressive malalignment. The MRI was essentially negative. The applicant had severe mid back pain; it was noted, without associated radicular symptoms. A thoracic discogram, pain management consultation, and right-sided thoracic facet blocks were sought. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. The applicant's complete medication list was not documented, although it was noted that the applicant was seemingly using Norco, Cymbalta, and Flexeril at present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram at T5-T6 and T6-T7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, preoperative discography/discogram are "not recommended" in the evaluation or management of neck and upper back complaints, as was/is present here on or around the date in question. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. It was not clear why discography was, furthermore, being sought as there was no mention of the applicant's having any radicular symptoms on or around the date in question and no mention of how the proposed thoracic discogram would influence or alter the treatment plan. There was neither an explicit statement (nor implicit expectation) that the applicant would act on the results of the proposed thoracic discogram and/or consider thoracic spine surgery based on the outcome of the same. Therefore, the request is not medically necessary.

**Facet Block at right T5-T6 and T6-T7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet joint injections, the article at issue here, are deemed "not recommended." in the evaluation and management of neck and upper back complaints, as was/is present here on or around the date in question. It is further noted that there was a considerable lack of diagnostic clarity present here as the attending provider posited that the applicant's pain complaints were the function of musculothoracic pain versus thoracic disk degeneration versus sub-acute compression fracture. The request, thus, is not indicated owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.