

Case Number:	CM14-0205165		
Date Assigned:	12/17/2014	Date of Injury:	09/21/2012
Decision Date:	02/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 47 year old male with date of injury 09/21/2012. Date of the UR decision was 11/12/2014. Per report dated 10/27/2014, the injured worker presented with chief complaint of right sided thoracic spine pain, 8-9/10 in intensity. He had withdrawal symptoms and increased pain since discontinuation of Subsys. He gained approximately 60lbs due to decreased function. Physical exam of Thoracic spine revealed evidence of tenderness in the midscapular region on the right around the T6-8 region. The consulting provider recommended pain management consultation and right sided T5-6 and T6-7 facet block; T5-6 and T6-7 discogram. MRI scan of the thoracic spine on 9/9/2014 showed Mild 2 mm posterior disc bulging at T11-T12, no impingement of any neural element, no compression nor malalignment shown. Irregularity seen at right T5 costochondral junction. Disc degeneration of T5-6 and T6-7 was diagnosed. Documentation is not clear, but it appears that a right T5 costochondral joint steroid injection was performed but did not result in significant benefit. Per Orthopedic Spine Surgeon's report dated 10/7/2014, the injured worker presented with severe pain between the shoulder blades, rated an 8/10 with medication, which increased to a 9/10 without medications. He was seen for follow-up and the spine surgeon recommended thoracic facet blocks and thoracic discogram. Right T5/6 and T6/7 facet injections under fluoroscopic guidance were requested. Medications prescribed at that visit were Flector 1.3% patch #60, Nucynta ER 150mg every 12hrs #60, Nucynta IR 50mg #120, Lidocaine 5% patch #90 and Cymbalta 30mg daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injections Right T5-T6 and T6-T7 under Fluoroscopic Guidance and MAC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Lumbar & Thoracic (updated 08/22/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Interventions.

Decision rationale: Per the ODG guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool, citing minimal evidence for treatment. The ODG indicates that criteria for facet joint diagnostic blocks (injections) are as follows: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] It is documented that this procedure has been requested to evaluate for possible candidacy for RF ablation of the relevant medial branch nerves. According to the RFA, pre-authorization for moderate sedation/MAC and fluoroscopic guidance has also been requested. While this procedure appears to be indicated, there is no documentation of severe anxiety, which would be required to perform this procedure under sedation/MAC. Therefore the request is not medically necessary.

Discogram for Right T5-T6 and T6-T7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Lumbar & Thoracic (updated 10/28/14) Discography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Discography.

Decision rationale: Per the ODG guidelines with regard to discography: Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. Provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without back pain, and its use has not been shown to improve clinical outcomes. On 10/27/14 the pain medicine physician who evaluated the patient documented that he did not recommend this procedure. Therefore it is not medically necessary.