

Case Number:	CM15-0101892		
Date Assigned:	06/04/2015	Date of Injury:	11/05/2008
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 47-year-old male, with a reported date of injury of 11/05/2008. The diagnoses include thoracic compression fractures, closed head injury with resultant depression, cervical C5-6 and C6-7 degenerative disc disease, and lumbar L4-5 annular tear herniation, and chronic pain syndrome. Treatments to date have included x-rays of the thoracic spine on 04/20/2015 which showed possible superior endplate compression fracture at T1, levoconvex curvature of the thoracic spine, with the apex at T10, and degenerative disc disease at T3-4, T5-6, T6-7, and T9-10; and home exercise program. The progress report dated 02/20/2015 indicates that the injured worker complained of increased thoracic pain, increased pressure in his chest, and severe pain that caused difficulty breathing. The objective findings include tenderness at T5-6 and T7-8 spinous process, mild scoliosis, and kyphosis. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested a facet block to the thoracic spine and costovertebral joint block to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient facet block-thoracic and costovertebral joint block-thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Facet injections thoracic.

Decision rationale: ODG Guidelines do not address this issue. ODG Guidelines directly address this issue and the Guidelines are very specific in stating that thoracic facet injections are not recommended. There are no unusual circumstances to justify an exception to Guideline recommendations. The outpatient facet block-thoracic and costovertebral joint block-thoracic is not supported by Guidelines and is not medically necessary.