MAXIMUS Federal Services

Case Number:	CM15-0102575		
Date Assigned:	06/04/2015	Date of Injury:	08/03/2006
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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 56 year old male, who sustained an industrial injury on 8/3/06. The diagnoses have included thoracic spine pain, thoracic spine myofascial pain, and thoracic spine degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, diagnostics, physical therapy, off work, rest, ice and other conservative modalities. Currently, as per the physician progress note dated 5/8/15, the injured worker complains of mid back pain and states that the symptoms vary and some days are worse than others. He reports swelling in the joints, weight gain and generalized weakness. The physical exam reveals discomfort with palpation of the thoracic facets near T8-T10 bilaterally. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the thoracic spine dated 4/10/15 reveals mild diffuse degenerative discopathy with no neural impingement. The bone scan dated 4/10/15 reveals mild degenerative arthrosis in the lower thoracic spine right side T10-T12. The X-rays of the lumbar spine dated 2/13/15 reveal degenerative discopathy and facet arthrosis and old T11-T12 anterior wedge compression deformities. The current medications included Cyclobenzaprine, Gabapentin, Meloxicam, and Pantoprazole. There is no previous therapy sessions noted in the records. The physician requested treatments included Bilateral T10-T11 thoracic medial branch blocks under IV sedation and fluoroscopy and Bilateral T11-T12 thoracic medial branch blocks under IV sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T10-T11 thoracic medial branch blocks under IV sedation and fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, page 604 and Official Disability Guidelines (ODG), Contents, Treatment Guidelines, 16th edition [2011 web] Low Back Section.

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

Decision rationale: The MTUS Guidelines do not address the use of facet blocks at the thoracic spine. The ODG does not recommend the use of thoracic facet blocks. There is limited research on therapeutic blocks or neurotomies in this region and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. Pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment to the rib cage. Injection of the joints in this region also presents technical challenge. A current non-randomized study reports a prevalence of facet joint pain of 42% in patients with chronic thoracic spine pain. This value must be put into perspective with the overall frequency of chronic pain in the cervical, thoracic and lumbar region. In this non- randomized study, 500 patients had 724 blocks. Approximately 10% of the blocks were in the thoracic region, with 35.2% in the cervical region and 54.8% in the lumbar. The guidelines do not recommend the use of thoracic facet blocks, therefore, the request for bilateral T10-T11 thoracic medial branch blocks under IV sedation and fluoroscopy is determined to not be medically necessary.

Bilateral T11-T12 thoracic medial branch blocks under IV sedation and fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, page 604 and Official Disability Guidelines (ODG), Contents, Treatment Guidelines, 16th edition [2011 web] Low Back Section.

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

Decision rationale: The MTUS Guidelines do not address the use of facet blocks at the thoracic spine. The ODG does not recommend the use of thoracic facet blocks. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. Pain due to facet joint arthrosis is less

common in the thoracic area as there is overall less movement due to the attachment to the rib cage. Injection of the joints in this region also presents technical challenge. A current non-randomized study reports a prevalence of facet joint pain of 42% in patients with chronic thoracic spine pain. This value must be put into perspective with the overall frequency of chronic pain in the cervical, thoracic and lumbar region. In this non- randomized study, 500 patients had 724 blocks. Approximately 10% of the blocks were in the thoracic region, with 35.2% in the cervical region and 54.8% in the lumbar. The guidelines do not recommend the use of thoracic facet blocks, therefore, the request for Bilateral T11-T12 thoracic medial branch blocks under IV sedation and fluoroscopy is determined to not be medically necessary.