

<b>Case Number:</b>	CM15-0107736		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Physical Medicine & Rehabilitation, 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:

The injured worker is a 50 year old female who sustained an industrial injury on 3/25/14 resulting in cumulative trauma from repetitive motion. She was medically evaluated and diagnosed with bilateral wrist pain, cumulative trauma from repetitive motion, cervical and thoracic strain. She had approximately 26 visits of occupational therapy. She currently complains of intermittent bilateral wrist pain that radiates to the forearm, elbow, upper arm, neck and upper back. She also has bilateral knee pain with right knee swelling. On physical exam, there was tenderness of both wrists with positive Phalen's and Finklestein tests; tenderness and swelling of the right knee and effusion noted; decreased range of motion of the lumbar spine with tenderness to palpation over the thoracic facet joints and paraspinal musculature; decreased range of motion of the cervical spine tenderness to palpation over the cervical facet joints and paraspinal musculature. She uses Advil and Robaxin for pain. Diagnoses include thoracic intervertebral disc degeneration; cervical spondylosis; cervical root lesion; cumulative trauma from repetitive motion; cervical radiculopathy; myofascial pain syndrome; upper back pain; muscle aches; cervical, thoracic strain; bilateral wrist pain; wrist tendinitis. Treatments to date include physical therapy; wrist supports; ice; medication. Diagnostics include nerve conduction studies (7/5/14) of the upper extremities, which were normal. In the progress note dated 5/6/15 the treating provider's plan of care includes a request for thoracic medial branch nerve injections (bilateral T6, 7, 8) with intravenous sedation to determine the origin of the injured worker's pain and as a bridge to possible radiofrequency neurotomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Thoracic MBN injection bilateral T6, T7, T8 with (IV sedation): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Low Back Chapter, Facet joint injections, thoracic.

**Decision rationale:** Regarding the request for thoracic MBN injection, California MTUS does not specifically address the issue. ODG cites that they are not recommended, as there is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. In light of the above issues, the currently requested thoracic MBN injection is not medically necessary.

### **Thoracic MBN injection bilateral T6, T7, T8 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back.

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

**Decision rationale:** Regarding the request for thoracic MBN injection, California MTUS does not specifically address the issue. ODG cites that they are not recommended, as there is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. In light of the above issues, the currently requested thoracic MBN injection is not medically necessary.