

Case Number:	CM15-0109134		
Date Assigned:	06/19/2015	Date of Injury:	01/05/2006
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 58-year-old female who sustained an industrial injury on 01/05/2006. She reported pain, numbness, and sensory changes in the right upper extremity. The injured worker was diagnosed as having dystonia and thoracic outlet syndrome. Treatment to date has included physical therapy, medications, and a radiofrequency block. Currently, the injured worker complains of mid thoracic pain. According to provider notes, the worker has mid thoracic pain. She had more than one year relief with radiofrequency block. The pain has returned and interferes with activities such as light exercise. The sensations of tingling or numbness in the hand increase when reaching overhead or outwards. The hand or arm aches or fatigues with arm exercise, particularly with overhead positioning. Pain interferes with normal work, relations with others, mood, ability to walk and general activity. The treatment plan includes repeating the radio-frequency facet block injection. A request for authorization is made for a T4-T8 radio-frequency facet block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

T4-T8 radio-frequency facet block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Low Back (updated 05/15/15) - Online Version, Low Back - Lumbar & Thoracic (Acute & Chronic).

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 section, Radiofrequency ablation, medical branch blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, T4 - T8 radio frequency facet block injection is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the diagnoses are illegible according to a May 21, 2015 progress note. The subjective complaints state the injured worker "had more than over year relief with radiofrequency. Now pain returning". The objective section states pain mid thoracic. There is no physical examination and no neurologic evaluation. The treatment plan was radiofrequency T4-T8. The treating provider is requesting RF at four levels. The guidelines do not recommend more than two levels performed at one time. Additionally, the documentation indicates the injured worker had a prior radiofrequency ablation performed with pain relief for over one year. The documentation did not contain diagnostic medial branch blocks as a prelude to radiofrequency ablation. Consequently, absent detailed clinical subjective and objective documentation in a progress note dated May 21, 2015, radiofrequency requested at four levels (T4 - T8) and no documentation of diagnostic medial branch blocks, T4 - T8 radio frequency facet block injection is not medically necessary.