MAXIMUS Federal Services

Case Number:	CM15-0131915		
Date Assigned:	07/16/2015	Date of Injury:	03/04/1975
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of February 4, 1975. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for thoracic facet injections. The claims administrator referenced an RFA form of June 25, 2015 and a progress note of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of June 25, 2015, thoracic facet injections of the T9-T10 and T10-T11 levels were sought. In an associated progress note dated June 23, 2015, the applicant reported ongoing complaints of mid back pain, reportedly attributed to degenerative disk disease versus facetogenic pathology. Limited range of motion of the thoracic spine was appreciated. Intra-articular thoracic facet injections were endorsed. The applicant's work status and medications were not furnished. On May 26, 2015, the applicant received a refill of MS Contin status post earlier lumbar spine surgery. Once again, the applicant's work status was not outlined. On March 31, 2015, it was stated that the applicant was using a variety of medications, including Protonix, Tenormin, Zestril, Lipitor, Seroquel, Robaxin, Mobic, Xanax, Topamax, Neurontin, MS Contin, baby aspirin, and dietary supplements. The applicant had undergone eight prior lumbar spine surgeries, it was reported, in addition to having issues with fibromyalgia, it was reported. The applicant was a smoker but denied using any illicit substances, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T9-T10, T10-T11 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: No, the bilateral T9-T10 and T10-T11 facet injections are not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injection of corticosteroids, the article at issue here, are deemed "not recommended". It is further noted that, in this case, a considerable lack of diagnostic clarity was present. The applicant was described as having a history of radicular pain complaint status posts multiple prior lumbar spine surgeries. The applicant was using Neurontin as of March 31, 2015, presumably for residual radicular pain complaints. The applicant was also described as having superimposed issues with fibromyalgia at that point in time. All of the foregoing, taken together, argued against the presence of any bona fide facetogenic thoracic back pain. The request, thus, is not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.