Case Number:	CM15-0168218		
Date Assigned:	09/08/2015	**Date of Injury:**	07/23/2013
Decision Date:	10/23/2015	**UR Denial Date:**	07/30/2015
Priority:	Standard	**Application Received:**	08/26/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 58 year old male who sustained an industrial on 7-23-13. He had complaints of difficulty breathing associated with dizziness and nausea, back, knee, hip and neck pain with radiation of pain to the arms, reduced grip and headaches. Progress report dated 6-9- 15 reports continued complaints of daily, chronic neck pain that radiates into the mid scapular region with associated headaches. He reports occasional radiating pain down both arms into the forearms with numbness in the fingers a couple times per week. The pain is rated 5 out of 10. Diagnoses include: GERD, dyspnea, rule out toxic exposure, anxiety, depression, sleep apnea, C3-6 disc degeneration, intermittent cervical radiculopathy, T1-5 disc degeneration with thoracic strain, intermittent right leg radiculopathy, lumbar strain, cervicogenic and post traumatic headaches and closed head injury. Plan of care includes: recommend CT scan of head, repeat MRI scan, ENT consultation prior to surgery, recommend psychological treatment, request cervical epidural steroid injection at C4-5, request T1-5 diagnostic facet blocks, discontinue norco, prescribe oxycodone 5 mg 1 per day as needed, #30. Work status: temporarily totally disabled. Follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

T1 diagnostic facet blocks, left: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T1 diagnostic facet block, left has not been established. The requested service is not medically necessary.

T1 diagnostic facet blocks, right: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T1 diagnostic facet block, right, has not been established. The requested service is not medically necessary.

T2 diagnostic facet blocks, left: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures

(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 a technical challenge. Medical necessity for the requested T2 diagnostic facet block, left, has not been established. The requested service is not medically necessary.

T2 diagnostic facet blocks, right: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T2 diagnostic facet block, right, has not been established. The requested service is not medically necessary.

T3 diagnostic facet blocks, left: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T3 diagnostic facet block, left has not been established. The requested service is not medically necessary.

T3 diagnostic facet blocks, right: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T3 diagnostic facet block, right, has not been established. The requested service is not medically necessary.

T4 diagnostic facet blocks, left: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T4 diagnostic facet block, left, has not been established. The requested service is not medically necessary.

T4 diagnostic facet blocks, right: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T4 diagnostic facet block, right, has not been established. The requested service is not medically necessary.

T5 diagnostic facet blocks, left: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T5 diagnostic facet block, left, has not been established. The requested service is not medically necessary.

T5 diagnostic facet blocks, right: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ODG states that thoracic facet injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedures (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 a technical challenge. Medical necessity for the requested T5 diagnostic facet block, right, has not been established. The requested service is not medically necessary.

Cervical epidural injection C4-C5, left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. In this case, there is no physical exam evidence of specific radiculopathy. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression.
Medical necessity for the requested C4-C5 epidural injection, left, has not been established. The requested treatment is not medically necessary.

Cervical epidural injection C4-C5, right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESIs) include radiculopathy that must be documented by physical exam and corroborated by imaging studies and/or electro-diagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESIs are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. In this case, there is no physical exam evidence of specific radiculopathy. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression.
Medical necessity for the requested C4-C5 epidural injection, right, has not been established. The requested treatment is not medically necessary.