MAXIMUS Federal Services

Case Number:	CM15-0169831		
Date Assigned:	09/10/2015	Date of Injury:	01/05/2006
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts
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 47 year old female, who sustained an industrial injury to her cervical spine, shoulders, elbows, wrists and thoracic spine on 1-5-06. The injured worker has complaints of back pain with tenderness. Occupational Therapy noted dated 4-2-15 noted the injured worker is able to use her hand for daily activities and feels that gross grasp is more difficult than fine motor activities. Cervical spine X-rays on 8-11-14 revealed lipping. Magnetic resonance imaging (MRI) of the cervical spine on 9-23-14 revealed reversal of the cervical curvature, broad based central and right sided disc protrusion at C5-6 of 3-4 millimeter with central stenosis, ventral thecal sac impingement, cord compression anteriorly and tot eh right, no significant disc protrusions or bulges at C2-3, C3-4, C4-5, C56-6 or C7-T1, C5-6 central and right sided disc protrusion measures 3 millimeter in the midline and becomes larger as it extends to the right perhaps up to 4 millimeter. Electromyography/nerve conduction study of the cervical spine and upper extremities on 9-23-14 showed normal findings. The diagnoses have included displacement of thoracic or lumbar intervertebral disc without myelopathy and facet arthritis of the mid back and tendinopathy. Treatment to date has included cervical and thoracic epidural injections 12-18-11; radio frequency rhizolysis of facet nerves of T4, T5, T6, T7 and T8 bilaterally on 8-10-11; status post right carpal tunnel release; status post right ulnar nerve transposition; right shoulder surgery in 2007 and right wrist surgery in approximately 2012; MS contin-morphine sulfate immediate release; . The documentation noted that the injured worker received additional chemo denervation of the cervical spine 7-12-11; 9-27-11 and 2-20-14. The original utilization review (8-21-15) non-certified the request for facet block injection with radiofrequency at T4-T8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block injection with radiofrequency at T4-T8: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. 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-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in January 2006 and is being treated for chronic back pain. When seen, she was having constant symptoms. There was mid scapular tenderness. MS Contin and MSIR were prescribed. Authorization for thoracic radiofrequency ablation from T4 to T8 was requested. Pain due to facet joint arthrosis would be expected to be less common in the thoracic spine as there is overall less movement due to the attachment to the rib cage. In terms of interventional care, interpreting the results of medial branch blocks is complicated by the variable medial branch anatomy of the thoracic spine. There is limited research on therapeutic blocks or neurotomies in the thoracic spine and therefore neurotomies are not recommended. Additionally, in this case, there is no documented diagnostic block and a four level procedure is being requested and guidelines recommend up to two levels. Additionally, the physical examination recorded documents scapular tenderness rather than thoracic facet tenderness or pain with facet joint loading or mobilization. For any of these reasons, the request is not medically necessary.