

Case Number:	CM15-0182382		
Date Assigned:	09/23/2015	Date of Injury:	08/05/2014
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This is a 56-year-old male worker with a date of injury 8-5-2014. The medical records indicated the injured worker (IW) was treated for cervical and thoracic spondylosis; weakness of the left arm; and radiculopathy, lumbar region. In the 7-9-15 and 8-10-15 progress notes, the IW reported pain in the upper back and bilateral legs rated 8 out of 10. He reported pain improved to 5 to 6 out of 10 with medications, lasting about 6 hours. Medications were Tramadol 50mg every 8 hours and Naproxen 500mg every 12 hours. The IW was unable to return to work. Objective findings on 7-9-15 and 8-10-15 included painful, decreased range of motion of the lumbar spine, with tenderness over the paraspinal muscles. Supine and seated straight leg raising was positive on the left. Sensation was abnormal in the left C5 and L5, S1 and S2 dermatomes. Some weakness was noted in the right ankle flexors (4+) and the left hip abductors (4+) and left ankle reflexes were 1+. Cervical spine ranges of motion were abnormal and pain was present with movement. Treatments included medications, epidural steroid injection (L5-S1 on 6-3-15), with partial improvement of the left leg symptoms; and physical therapy (at least 6 sessions-not helpful). Results of electrodiagnostic testing of the lower extremities on 5-27-15 were consistent with left S1 radiculopathy. A Request for Authorization dated 8-12-15 was received for bilateral thoracic T2, T3 and T4 medial branch blocks and physical therapy to the cervical and thoracic spine two times a week for four to six weeks. The Utilization Review on 8-20-15 non-certified the request for bilateral thoracic T2, T3 and T4 medial branch blocks, as the need for the treatment was not supported by the documentation; and physical therapy to the cervical and

thoracic spine two times a week for four to six weeks was modified to allow four sessions of physical therapy for instruction and transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Thoracic T2, T3 and T4 Medical Branch Blocks: 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 (Lumbar & Thoracic) Chapter, and Facet joint injections, thoracic.

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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for neck, mid back, and lower back pain. An MRI of the thoracic spine in November 2014 included findings of lower thoracic disc protrusions at T7/8, T8/9, and T11/12. There was right lateralized osteophyte ridging at T3/4. When seen, he was having upper back and bilateral leg pain. His worst pain was in the upper back just below the neck. Physical examination findings included a body mass index over 32. There was no examination of the thoracic spine. Prior physical therapy was provided with treatments beginning in December 2014 with completion of six treatments as of 01/05/15. Authorization for physical therapy and for bilateral thoracic medial branch blocks was requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, there are no physical examination findings that support a diagnosis of facet-mediated pain such as thoracic facet tenderness or pain with mobilization of the facet joints. There are no imaging findings of facet arthropathy at the level being requested. Additionally, conservative treatments such as chiropractic care that might be expected to be of benefit both therapeutically and diagnostically has not been tried. For any of these reasons, the request is not considered medically necessary.

Physical Therapy to cervical and thoracic spine 2 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for neck, mid back, and lower back pain. An MRI of the thoracic spine in November 2014 included findings of lower thoracic disc protrusions at T7/8, T8/9, and T11/12. There was right lateralized osteophyte ridging at T3/4. When seen, he was having upper back and bilateral leg pain. His worst pain was in the upper back just below the neck. Physical

examination findings included a body mass index over 32. There was no examination of the thoracic spine. Prior physical therapy was provided with treatments beginning in December 2014 with completion of six treatments as of 01/05/15. Authorization for physical therapy and for bilateral thoracic medial branch blocks was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.