

Case Number:	CM15-0196592		
Date Assigned:	10/12/2015	Date of Injury:	05/13/2015
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 46 year old female who reported an industrial injury on 5-13-2015. Her diagnoses, and or impressions, were noted to include: cervical and thoracic sprain-strain. Recent x-rays of the cervical spine were done on 7-2-2015 noted normal findings; no magnetic imaging studies were noted. Her treatments were noted to include: chiropractic treatments; medication management; and modified work duties. The pain management progress notes of 8-18-2015 reported: constant mid-thoracic and cervical spine pain, and left shoulder pain, rated 4-5 out of 10, associated with depression, anxiety and difficulty sleeping, and was worsened by rest and lifting. The objective findings were noted to include: an antalgic gait; limited lumbar extension and improvement in pain with bending forward; tenderness over the thoracic facet joints and para-spinal musculature at bilateral thoracic 6, 7 & 8; tenderness of the bilateral cervical facets at cervical 4-5, 5-6, & 6-7, left trapezius; and decreased left shoulder range-of-motion due to pain; and impressions for cervical & thoracic spondylosis and myofascial pain syndrome. The physician's requests for treatment were noted to include the need for thoracic medial branch diagnostic block injections at the 2 facet joint levels to determine the origin of pain and as a bridge to possible radio-frequency neurotomy, also to provide a window of pain relief allowing her participation in active therapy that was otherwise limited by pain. The Request for Authorization, dated 8-24-2015, was noted to include bilateral thoracic 6, 7 & 8 facet joint injections under intravenous sedation, because of needle induced anxiety. The Utilization Review of 9-17-2015 non-certified the request for 3 bilateral Thoracic level facet joint injections under intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T6, T7, T8 Facet Joint Injection under IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

Decision rationale: Per Guidelines, nerve blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Nerve blocks are not recommended without defined imaging or clinical correlation, not identified here. There is no report of acute flare-up or change for this May 2015 injury. Additionally, nerve injections/blocks are not recommended in patient who may be identified with spinal/neural foraminal stenosis, and performed over 2 joint levels concurrently (T6, T7, T8) as noted here. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral T6, T7, T8 Facet Joint Injection under IV Sedation is not medically necessary or appropriate.