

Case Number:	CM15-0198165		
Date Assigned:	10/13/2015	Date of Injury:	09/23/1998
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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: California

Certification(s)/Specialty: Emergency 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 61 year old male injured worker suffered an industrial injury on 9-23-1998. The diagnoses included failed cervical back syndrome, thoracic spondylosis and myofascial syndrome. On 8-31-2015 the treating provider reported pain in the neck, shoulders and thoracic spine that radiated to the upper extremities rated at worst 10 out of 10 and on average 5 out of 10. The injured worker reported weakness in the hands and that he drops things. The medications in use were Flexeril, Dilaudid, OxyContin, Diazepam and Lyrica. On exam the cervical spine was tender with increased muscle tone and positive trigger points. The range of motion to the cervical spine was limited and painful with positive facet loading signs. The thoracic spine was asymmetrical with increased muscle tone and positive trigger points with limited range of motion. Prior treatment included nerve blocks, trigger point injections and medications. The Utilization Review on 9-22-2015 determined non-certification for (1) bilateral diagnostic thoracic facet medial branch block at T7-T10 levels under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral diagnostic thoracic facet medial branch block at T7-T10 levels under fluoroscopic guidance: 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 (Acute & Chronic), Facet joint diagnostic blocks (injections).

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 diagnostic blocks (injections).

Decision rationale: The requested One (1) bilateral diagnostic thoracic facet medial branch block at T7-T10 levels under fluoroscopic guidance, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has pain in the neck, shoulders and thoracic spine that radiated to the upper extremities rated at worst 10 out of 10 and on average 5 out of 10. The injured worker reported weakness in the hands and that he drops things. The medications in use were Flexeril, Dilaudid, OxyContin, Diazepam and Lyrica. On exam the cervical spine was tender with increased muscle tone and positive trigger points. The range of motion to the cervical spine was limited and painful with positive facet loading signs. The thoracic spine was asymmetrical with increased muscle tone and positive trigger points with limited range of motion. The treating physician has documented a 2014 thoracic facet block with 80% relief, but has not documented the medical necessity for another medial branch block instead of proceeding to a neurotomy. The criteria noted above not having been met, One (1) bilateral diagnostic thoracic facet medial branch block at T7-T10 levels under fluoroscopic guidance is not medically necessary.