

Case Number:	CM15-0203036		
Date Assigned:	10/19/2015	Date of Injury:	12/19/2002
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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 injured worker is a 59 year old male, who sustained an industrial injury on 12-19-02. The injured worker has complaints of neck pain and low back pain. The injured workers pain scale is 7 out of 10 at its worst; 3 out of 10 constant; 2 out of 10 average and 1 to 2 out of 10 least. The pain is deep, aching, throbbing, cramping, superficial, sharp, shooting, stabbing and burning. The pain is associated with numbness; tingling; pins and needles; weakness; burning; swelling; discoloration; problems with bowel and bladder; difficulty walking ad balance problem. The diagnoses have included lumbago; sprain of thoracic; thoracic or lumbosacral neuritis or radiculitis, unspecified; thoracic spondylosis and thoracic degenerative disc disease. Treatment to date has included chiropractic sessions; physical therapy, ten sessions; cortisone injections; trigger point injection; facet blocks and epidurals. The original utilization review (9-30-15) non-certified the request for magnetic resonance imaging (MRI) of the thoracic spine without contrast and bilateral thoracic medial branch block at T6-T7, T7-T8, T8-T9. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI t spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI t spine without contrast is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 177-178 and 182, note the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure; and "MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." The injured worker has neck pain and low back pain. The injured workers pain scale is 7 out of 10 at its worst; 3 out of 10 constant; 2 out of 10 averages and 1 to 2 out of 10 least. The pain is deep, aching, throbbing, cramping, superficial, sharp, shooting, stabbing and burning. The pain is associated with numbness; tingling; pins and needles; weakness; burning; swelling; discoloration; problems with bowel and bladder; difficulty walking ad balance problem. The diagnoses have included lumbago; sprain of thoracic; thoracic or lumbosacral neuritis or radiculitis, unspecified; thoracic spondylosis and thoracic degenerative disc disease. The treating physician has not documented: the emergence of a red flag condition; physiologic evidence of neurologic dysfunction; indication of an impending surgical intervention. The criteria noted above not having been met, MRI t spine without contrast is not medically necessary.

Bilateral thoracic medial branch block at T6-T7, T7-T8, T8-T9: 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), Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral thoracic medial branch block at T6-T7, T7-T8, T8-T9, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Neck and upper Back (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 neck pain and low back pain. The injured workers pain scale is 7 out of 10 at its worst; 3 out of 10 constant; 2 out of 10 average and 1 to 2 out of 10 least. The pain is deep, aching, throbbing,

cramping, superficial, sharp, shooting, stabbing and burning. The pain is associated with numbness; tingling; pins and needles; weakness; burning; swelling; discoloration; problems with bowel and bladder; difficulty walking and balance problem. The diagnoses have included lumbago; sprain of thoracic; thoracic or lumbosacral neuritis or radiculitis, unspecified; thoracic spondylosis and thoracic degenerative disc disease. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, nor exam evidence of positive facet loading tests. The criteria noted above not having been met, Bilateral thoracic medial branch block at T6-T7, T7-T8, T8-T9 contrast is not medically necessary.