

<b>Case Number:</b>	CM15-0209702		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of May 6, 2011. In a utilization review report dated October 1, 2015, the claims administrator failed to approve a request for a thoracic medial branch block with associated pre-procedure sedation under fluoroscopic guidance. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing issues with neck pain status post earlier cervical epidural steroid injection therapy. The applicant did not derive any analgesia from the same, the treating provider reported. MRI imaging of the thoracic spine dated April 16, 2015 was reportedly negative, the treating provider noted. The applicant had undergone a failed cervical spine surgery at C4-C5, the treating provider reported. The applicant was on tramadol for pain relief. The applicant was described as having residual upper extremity pain complaints, it was stated in one section of the note. The applicant was back at modified duty work. The attending provider suggested the applicant consider a spinal cord stimulator if his upper extremity pain complaints persisted. On September 16, 2015, the applicant reported ongoing complaints of neck pain radiating to the right arm. Multiple cervical epidural steroid injections were not beneficial, the treating provider reported. The applicant had received a recent cervical epidural steroid injection on June 12, 2015, the treating provider reported. The applicant reported complaints of right neck pain, right arm pain, mid back pain, and trapezius pain, the treating provider reported. The applicant was

experiencing a considerable amount of financial distress, the treating provider reported. The applicant was on Norco for pain relief, the treating provider reported. Well- preserved, 5/5 upper extremity motor function was reported. Some tenderness about the thoracic paraspinal musculature and thoracic facet joints was reported. The attending provider suggested diagnostic medial branch blocks about the thoracic spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) bilateral thoracic T5-6 and T6-7 medial branch block with pre and post block testing and moderate sedation and fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic): Facet joint injections.

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

**Decision rationale:** No, the request for bilateral thoracic medial branch blocks with associated sedation under fluoroscopic guidance was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch blocks in question are deemed "not recommended" in the evaluation and management of applicants with neck and upper back pain complaints, as were/are present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of diagnostic medial branch blocks in the face of the (a) unfavorable ACOEM position on the same for the body part in question, the upper back, and (b) in the face of the applicant's having ongoing upper extremity radicular pain complaints, arguing against the presence of any bona fide thoracic facet arthropathy for which medial branch blocks in question could be considered. Therefore, the request was not medically necessary.