

<b>Case Number:</b>	CM15-0213561		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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:

The injured worker is a 43 year old female, who sustained an industrial injury on 06-27-2011. The injured worker is currently working full duty. Medical records indicated that the injured worker is undergoing treatment for thoracic spondylosis without myelopathy and chronic mid back pain secondary to herniated nucleus pulposus at T7-T10. Treatment and diagnostics to date has included thoracic epidural steroid injections, chiropractic treatment, electromyography-nerve conduction velocity studies, medial branch blocks (bilateral T6, T7, T8, and T9 on 09-02-2015), and medications. Recent medications have included Celebrex, Tylenol, and Diazepam. Subjective data (09-08-2015), included thoracic pain "significantly worse on the right side". Objective findings (09-08-2015) included tenderness over posterior T5-6, T6-7, T7-8, and T8-9. The treating physician noted that the injured worker reported "100% relief post medial branch blocks including the T5, T6, T7, T8, and T9". The Utilization Review with a decision date of 10-15-2015 non-certified the request for repeat bilateral medial branch block at T5, T6, T7, and T8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Bilateral Medial Branch Blocks T5, T6, T7, T8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 cumulative trauma work injury with date of injury in June 2011 and continues to be treated for chronic thoracic pain. On 09/02/15 she underwent bilateral T6, T7, T8, and T9 medial branch blocks. Prior treatments had included chiropractic care and medical management. She had posterior element tenderness. After the procedure she had a complete resolution of pain. Marcaine was used for the procedure and at each level 0.5 mL was injected. When seen on 09/16/15 there was a stable neurological examination. The treatment plan references radiofrequency neurotomy. Being requested is a repeat bilateral medial nerve branch procedure. Criteria for the use of diagnostic blocks for facet mediated pain include patients with pain that is non-radicular and where there is documentation of failure of conservative treatments. No more than two facet joint levels are to be injected in one session. In this case, a repeat three level procedure is being requested. A two level procedure could be considered. The request cannot be accepted as being medically necessary.