MAXIMUS Federal Services

Case Number:	CM15-0215954		
Date Assigned:	11/05/2015	Date of Injury:	06/26/2008
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 39 year old male with an industrial injury date of 06-26-2008. Medical record review indicates he is being treated for thoracic pain.The injured worker presented on 10-08-2015 with a history of thoracic pain secondary to compression fractures. "He has ongoing fractures there causing continued pain." The pain is described as mid back pain with associated muscle spasms. Work status is documented as "the patient can return to work if limited light duty is available." MRI (2011) documented by the treating physician in the 10-08-2015 note is as follows; "It shows an angled compression fracture of thoracic 8 with a very small compression of thoracic 7. Disc herniations are seen at thoracic 7, thoracic 8 and thoracic 9." Current medications (10-08-2015) included Butrans patch, Zanaflex, Lunesta, injectable testosterone, Anastrozole, Armour thyroid, Cialis, Amlodipine, and Micardis. Prior treatment included physical therapy and medications. Physical exam (10-08-2015) noted mid thoracic tenderness along with spasm associated with paraspinal muscles. He had focal tenderness in the thoracic 7 area to percussion. On 10-12-2015 the request for medial branch block bilateral thoracic 6, thoracic 7 and thoracic 8 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at T6, T7 and T8, quantity: 2 injections: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

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, facet.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of bilateral T6, T7, and T8 facet injections congruent with ODG. Therefore the request is not medically necessary.