

<b>Case Number:</b>	CM15-0221959		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male, who sustained an industrial injury on April 9, 2003, incurring low back injuries. Magnetic Resonance Imaging of the lumbar spine revealed a herniated lumbar disc. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatments included epidural steroid injection, physical therapy, anti-inflammatory drugs, muscle relaxants, antidepressants, pain medications, proton pump inhibitor and activity restrictions. He underwent a surgical spinal fusion and laminectomy. Currently, the injured worker complained of persistent chronic low back pain. He noted discomfort, frequent muscle spasms, and increased pain on movement radiating into his flanks, buttocks and lower extremities. He was diagnosed with failed back surgery, neuropathy of the lumbar spine and myofascial pain syndrome. He noted he was unable to stand, or sit for more than 15 minutes. He was unable to sleep and function with his activities of daily living. The treatment plan that was requested for authorization included T9 bilateral hardware block under fluoroscopic guidance with MAC anesthesia and a Magnetic Resonance Imaging of the thoracic spine. On October 15, 2015, a request for bilateral block was modified to one bilateral hardware block T9 under fluoroscopic guidance by utilization review and a Magnetic Resonance Imaging of the thoracic spine 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:

**T9 bilateral hardware block under fluoroscopic guidance with MAC anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), Hardware Injection Block.

**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) Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The current request is for T9 bilateral hardware block under fluoroscopic guidance with mac anesthesia. Treatments included epidural steroid injection, trigger point injections, physical therapy, anti-inflammatory drugs, muscle relaxants, antidepressants, pain medications, proton pump inhibitor, and surgical spinal fusion and laminectomy. The patient is not working. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: Recommended prior to facet neurotomy (a procedure that is considered "under study"). Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine, 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Per report 09/14/15, the patient reports chronic thoracolumbar pain. Physical examination revealed marked tenderness at T9 with mild tenderness at T7-8. The x-ray results showed spinal fusion at T10 through the pelvis. The treater states that the patient has tenderness at the screw head at T9 and recommended a bilateral T9 hardware block. In this case, the current request is for a T9 block with MAC anesthesia, and ODG currently states that the use of IV sedation may be grounds to negate the results of a diagnostic block, and only reserved for "extreme anxiety." In addition, per report 06/04/15, the patient was recommended for an epidural steroid injection as he continues to have back pain "that is a constant deep pressure pain associated with sharp shocking electrical pain that radiates toward his flanks and chest." The patient also has a listed diagnosis of "radiculopathy and radiation along the chest wall along to the front along the distribution of the T8 and T9 nerve roots." ODG states that facet blocks are supported for patients with non-radicular symptoms only. Therefore, the request is not medically necessary.

**MRI of the thoracic spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic), MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The current request is for MRI of the thoracic spine. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Per report 09/14/15, the patient reports chronic thoracolumbar pain. Physical examination revealed marked tenderness at T9 with mild tenderness at T7-8. The x-ray results showed spinal fusion at T10 through the pelvis. The treater states that the patient has tenderness at the screw head at T9 and recommended possible surgical intervention and requested an MRI of the thoracic spine. It appears that the treater proceeded with the MRI of the thoracic spine prior to approval. There is no indication of a recent MRI of the thoracic spine. Given the patient's condition, and x-ray findings, the treater has recommended surgical intervention. An MRI for surgical planning is reasonable and supported by guidelines. Therefore, the MRI is medically necessary.