MAXIMUS Federal Services

Case Number:	CM15-0030910		
Date Assigned:	02/24/2015	Date of Injury:	04/08/1994
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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, California
Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 4/8/1994. He reports standing in an airport for 8 hour and injured himself. Diagnoses include thoracic sprain, thoracic disc displacement and thoracic disc degeneration. Treatments to date include medication, acupuncture, injection and physical therapy. A progress note from the treating provider dated 1/21/2015 indicates the injured worker reported continued mid back pain. The medication list include Norco, Celebrex and naproxen. He has had MRI of the thoracic spine on 05/14/2014 that revealed disc herniation; and degenerative disc disease. Per the doctor's note dated 1/21/15 patient had complaints of low back pain at 7/10. Physical examination of the low back revealed tenderness on palpation and limited range of motion. Patient has received an unspecified number of PT visits for this injury. Any diagnostic imaging report was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One facet injection to the thoracic spine at level T6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)Facet joint diagnostic blocksFacet joint therapeutic steroid injections.

Decision rationale: Per the ODG Neck and upper back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy."In addition, regarding facet joint injections, ODG states, "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway:" There should be no evidence of radicular pain, spinal stenosis, or previous fusion. He has had MRI of the thoracic spine on 05/14/2014 that revealed disc herniation; and degenerative disc disease. There is possibility of radiculopathy. Per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. A recent detailed clinical examination of the thoracic spine by the treating physician was not specified in the records. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Patient has received an unspecified number of PT visits for this injury. Detailed response of the PT visits was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for One facet injection to the thoracic spine at level T6-7 is not fully established in this patient.