

Case Number:	CM15-0050533		
Date Assigned:	03/24/2015	Date of Injury:	02/08/2007
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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 62 year old male, who sustained an industrial injury on 2/08/2007. Diagnoses include lumbar radiculopathy, myofascial pain syndrome, thoracic spondylosis, and status post lumbar fusion. Treatment to date has included surgical intervention, diagnostic imaging, magnetic resonance imaging (MRI), EMG (electromyography)/NCS (nerve conduction studies) and medications. Per the New Pain Management Consultation dated 2/13/2015, the injured worker reported low back pain radiating to the bilateral lower extremities with a secondary complaint of mid back pain. The pain is described as constant aching, burning and stabbing. The intensity of the pain is 7-8/10. Physical examination revealed an antalgic gait. There was limited range of motion upon extension of the lumbar spine. Pain is described as better with bending forward. There was tenderness to palpation of the lumbar facet joints and paraspinal musculature. There was limited range of motion upon extension of the thoracic spine. There was tenderness to palpation of the midthoracic facet joints at T5-6, T6-7 bilaterally with pain worse with axial loading of the facet joints. The plan of care included medial branch joint injections and authorization was requested for one set of medial branch facet joint injections at T5-6 and T6-7 under intravenous (IV) sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of medial branch facet joint injections at T5-6 and T6-7 under IV sedation: 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 & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter under Facet joint injections.

Decision rationale: The patient presents with low back pain radiating to lower extremities with a secondary complaint of mid back pain rated at 7-8/10. The request is for 1 Set of Medial Branch Facet Joint Injections at T5-6 and T6-7 under IV Sedation. The patient is status-post 3 back surgeries, including laminectomies and L4-5 posterior fusion, dates unspecified. The request for authorization is dated 02/21/15. X-ray of the thoracic spine, 03/17/14, shows mild kyphoscoliosis and minimal degenerative spurring noted of the mid dorsal spine. Tenderness on palpation of the midthoracic fact joints at T5-6, 6-7 bilaterally. X-ray of the lumbosacral, 08/25/14, shows no evidence for instability or subluxation. MRI of the lumbar spine, 05/21/14, shows posterior decompression at L4-L5 and L5-S1 with posterior lateral stabilization at L4-L5. Range of motion of the lumbar and thoracic spines are limited on extension. Sensation to light touch and pinprick is grossly intact. Straight leg raising test is negative. The pain is associated with depression, anxiety and difficulty sleeping. Patient's medications include Norco, Lyrica and Cymbalta. The patient is permanent and stationary. ODG guidelines, Lumbar Spine/Low Back chapter under Facet joint injections, Thoracic has the following: "Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. (Boswell, 2005) (Boswell2, 2005) Pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment to the rib cage. Injection of the joints in this region also presents technical challenge. A current non-randomized study reports a prevalence of facet joint pain of 42% in patients with chronic thoracic spine pain. This value must be put into perspective with the overall frequency of chronic pain in the cervical, thoracic and lumbar region. In this non-randomized study, 500 patients had 724 blocks. Approximately 10% of the blocks were in the thoracic region, with 35.2% in the cervical region and 54.8% in the lumbar. (Manchikanti, 2004) (10-6-14)"Per progress report dated, 02/13/15, treater's reason for the request is "I believe that diagnostic medial branch nerve injections are medically necessary to determine the origin of the patient's pain and as a bridge to possible radiofrequency neurotomy." Treater continues with, "Patient has all indicators of pain related to fact joint pathology; Tenderness to palpation in the paravertebral areas; a normal sensory examination; Absence of radicular findings; Normal straight leg raising exam." And finally, "Patient met all criteria for the use of diagnostic blocks for facet "mediated" pain: Patient has clinical presentation that is consistent with lumbar facet pain; Has low back pain that is non-radicular and at no more than two levels bilaterally; Patient failed conservative treatment prior to the procedure for at least 4-6 weeks; Has had pain over no more than 2 facet joint levels; Surgical procedure is NOT anticipated; Patient did not have a previous fusion procedure at the planned injection level." In this case, the treater is using ODG guideline indications for a lumbar facet injection. However,

the treater's request is for the T5-6 and T6-7 levels. ODG guidelines do not recommend a facet joint injection to this region. Therefore, the request is not medically necessary.