

Case Number:	CM15-0055332		
Date Assigned:	03/30/2015	Date of Injury:	03/25/2009
Decision Date:	05/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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 51 year old male, who sustained a work/industrial injury on 3/25/09. He has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having sacroiliac strain, lumbar strain, lumbar disc degeneration, cervicocranial syndrome, cervical disc degeneration, post traumatic stress disorder, and low back pain. Treatments to date included medication, diagnostics, and conservative measures (ice/heat therapy). Currently, the injured worker complains of upper/lower back pain and left sided thoracic pain along with poor sleep pattern due to pain. The treating physician's report (PR-2) from 2/2/15 indicated pain was reduced to 4/10 with medication from 7/10. Treatment plan included left T5-T6 and T6-T7 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left T5-T6 and T6-T7 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint medial branch block Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The patient was injured on 03/25/2009 and presents with upper back pain, middle back pain, and lower back pain. The request is for a LEFT T5-T6 AND T6-T7 MEDIAL BRANCH BLOCK. The utilization review denial rationale is that "exam findings are rather nonspecific for any sort of pathology, including facet-mediated pain. I would suggest waiting until the MRI results are available and the patient can then be reassessed with a new exam and the findings from the imaging study." There is no RFA provided and the patient is on temporary total disability. Review of the reports provided does not indicate if the patient had a prior medial branch block. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint medial branch block states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." On inspection of the thoracic spine, the patient has moderate kyphosis, range of motion is restricted with flexion/extension/rotation, spasm/tenderness on the left side, pinprick test is slightly decreased at left L5-S1, rib tenderness on palpation at L5-S1 and at T5-T8 on the left side, and low back pain (nonradicular). Treatment to date includes medication, diagnostic, and conservative measures (ice/heat therapy). The patient is diagnosed with sacroiliac strain, lumbar strain, lumbar disk degeneration, cervicocranial syndrome, cervical disk degeneration, posttraumatic stress disorder, and low back pain. Due to lack of support from ODG guidelines, a trial of medial branch block does not appear reasonable. The requested left T5-T6 and T6-T7 medial branch block IS NOT medically necessary.