

Case Number:	CM15-0085429		
Date Assigned:	05/12/2015	Date of Injury:	06/24/2014
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: Preventive Medicine, Occupational Medicine

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 49 year old male who sustained an industrial injury on June 24, 2014. He has reported injury to the head, upper back, neck, left elbow, left shoulder, left hip, low back, and soft tissues and has been diagnosed with somatoform pain disorder with myofascial pain syndrome. Treatment has included modified work duty, medication, medical imaging, physical therapy, and injection. Examination noted the injured worker had pain with range of motion to the mid back. Leg lengths equal, at thirty seven and one half inches umbilicus to medial malleolus. Girth of thighs measured forty three centimeters right, forty four centimeters left. Girth of calves measures forty one centimeters right, forty centimeters left. The treatment request included Thoracic medial branch block and possible T11-L1 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic medial branch block L11-L1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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), Facet joint injections, thoracic.

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are 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. Thoracic medial branch block L11-L1 is not medically necessary.

Possible T11-L1 radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: According to the Official Disability Guidelines, the criteria for use of facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block, and facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. Possible T11-L1 radiofrequency ablation is not medically necessary.