

Case Number:	CM15-0087489		
Date Assigned:	05/20/2015	Date of Injury:	11/24/2014
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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: Internal 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 50 year old female who sustained an industrial injury on 11/24/14. The injured worker was diagnosed as having thoracic strain and thoracic spondylosis. Currently, the injured worker was with complaints of pain in the back. Previous treatments included chiropractic treatments, physical therapy and trigger point injections. Previous diagnostic studies included radiographic studies. The injured workers pain level was noted as 8/10. Physical examination was notable for tenderness to palpation in the right trapezius muscle, right cervical paraspinal muscle, left thoracic facet joints and left thoracic paraspinal muscles. The plan of care was for a medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

T5-T8 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22430660>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 181-183, 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks, Facet joint therapeutic steroid injections. Work Loss Data Institute <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses facet injections for neck and back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. ODG guidelines state that that therapeutic intra-articular and medial branch blocks are not recommended in patients with previous fusion. Medial branch blocks procedure is generally considered a diagnostic block. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) indicates that facet joint injections are not recommended. The progress is report dated March 9, 2015 documented the diagnosis of left rhomboid myofascial pain. Physical examination demonstrated mild tenderness in the left rhomboid. The date of injury was November 24, 2014. The pain management evaluation dated April 2, 2015 documented the diagnosis of thoracic sprain. Physical examination demonstrated tenderness in the left thoracic facet joints. There is tenderness in the left thoracic paraspinal muscles. Left rhomboid is tender. Periscapular region in general is tender. The physician requested authorization to proceed with left thoracic medial branch block. This will be at the approximate T5 to T8 levels. However, the physician would have to palpate under fluoroscopy to ascertain the exact levels. Regarding diagnostic testing, previously taken left shoulder X-ray was reviewed. No imaging studies of the thoracic spine were documented. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181) indicates that facet injection of corticosteroids and diagnostic blocks are not recommended. Therefore, the request for T5-T8 medial branch block is not medically necessary.