

Case Number:	CM15-0243021		
Date Assigned:	12/22/2015	Date of Injury:	03/13/2005
Decision Date:	01/28/2016	UR Denial Date:	12/07/2015
Priority:	Standard	Application Received:	12/14/2015

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 65 year-old male who sustained an industrial injury on 3-13-2005 and has been treated for thoracic degenerative disc disease, right knee pain, and thoracic facet arthropathy. Diagnostic studies discussed include an MRI of the thoracic spine dated 1-31-2011 finding T1-2 anterior wedging of the superior end plate of T2, with small disc protrusion not causing central or neural foraminal stenosis. There was also minor discogenic osteophyte formation at T2-3. CT scan and x-rays are noted to have occurred but details are not provided. At a visit dated 11-25-2015, the injured worker presented with continuing thoracic pain radiating around to the chest area, down to the lumbar area, or up into the cervical region. Pain was characterized as constant, sharp, aching, stabbing, and throbbing, and becoming worse with sitting, and lying on his back or side. It had been interfering with daily chores, employment, performing chores, his mood, sleep, and walking. He is requesting an increase in medication. On a pain scale where 10 is the most severe, the injured worker rated pain at 7 out of 10. Significant objective findings included pain with thoracic range of motion, tenderness over T4-8 with palpation, left facet tenderness with rotation and flexion in the mid thoracic region, and left-sided concordant pain was "elicited." It was noted that pain was also caused when the injured worker is standing completely erect. Documented treatment has included TENs unit, back brace, physical therapy, chiropractic therapy, aquatic therapy, spinal cord stimulator, pain creams, and medication including Oxycontin, Oxycodone, Neurontin, Meloxicam, Ranitidine, Doxepin, Ambien, and Clonazepam. Prior injections are not referenced in the note. The treating

physician's plan of care included a request for bilateral facet injections at T4-5 and T5-6 which was denied on 12-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral T4/T5, T5/T6 thoracic facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thoracic Chapter/Facet Blocks Section.

Decision rationale: The MTUS Guidelines do not address the use of facet blocks at the thoracic spine. The ODG does not recommend the use of thoracic facet blocks. 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. 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. The established guidelines do not recommend the use of thoracic facet injections; therefore, this request is not supported. The request for bilateral T4/T5, T5/T6 thoracic facet injection is determined to not be medically necessary.