

Case Number:	CM14-0112619		
Date Assigned:	08/01/2014	Date of Injury:	09/23/2007
Decision Date:	10/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female who sustained an injury on 9/26/2007. As a result of this injury the patient complains of thoracic and lumbar pain with radiation into the legs associated with paresthesia and weakness. A progress report note dated 6/9/2014 indicated that the patient had tenderness at the level of T8-T9 and T9-T10. A request was made for bilateral diagnostic facet injections at T8-T9 and T9-T10 with preoperative medical clearance. She is on a large amount of opioids in order to control her symptoms. An examination of 8/26/2014, listed morphine extended release 100 mg 2 times a day, morphine immediate release 60 mg as needed, Neurontin, baclofen, Soma, Norco 10 mg 3 times a day, Voltaren, Motrin as needed, and Lunesta. Physical examination reveals tenderness in the thoracic spine and upper lumbar spine with decreased sensation in the left leg. She has right sacroiliac joint tenderness and some kyphosis of the thoracic spine. Straight leg raise is 70 on the left and 90 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Diagnostic Facet Block T6-9 and T9-10: 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 Procedure Summary Updated 06/12/2014

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

Decision rationale: CA-MTUS guidelines did not address this request. The ODG does not recommend facet joint injections for the thoracic spine. There is limited research on therapeutic blocks or neurotomies in this region and recent publications have not addressed the use of this modality for the thoracic region. Therefore, with limited research and no evidence-based literature regarding thoracic facet joint injections, the medical necessity for this procedure has not been established. Therefore the request is not medically necessary.

Pre Operative Medical Clearance Chest X Ray and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Updated 05/10/2013 Pre Operative Testing

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

Decision rationale: CA MTUS does not address this issue. The ODG states that electrocorticography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries will have additional risk factors. Patients undergoing low risk surgery do not require electrocardiograms. The diagnostic facet blocks are low risk surgical procedures. Chest radiography is reasonable for patients at risk for postoperative pulmonary complications if the results were change perioperative management. This procedure is low risk for pulmonary complications. Therefore, the medical necessity for preoperative testing has not been established. Therefore the request is not medically necessary.