

Case Number:	CM14-0119651		
Date Assigned:	08/06/2014	Date of Injury:	06/19/2005
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 44-year-old female with a date of injury of 01/19/2005. The listed diagnoses per [REDACTED] are: 1. Failed back syndrome. 2. Thoracic spondylosis. 3. DDD thoracolumbar. 4. Scoliosis. 5. Status post lumbar fusion. 6. Hyperalgesia. According to progress report, 07/17/2014 by [REDACTED], the patient presents with thoracic pain which is progressively getting worse. The patient states he was seen by [REDACTED] yesterday and he has ordered a CT scan. Patient believes there may be a screw loose. The patient has a history of failed back syndrome and status post T10 to pelvis posterior spinal fusion, right side L3-L4, L4-L5 DLIF on 07/26/2013. The patient describes her pain as continuous sharp, throbbing pain over the mid to lower thoracic spine. Examination of the back revealed "the patient has exquisite tenderness to palpation over the mid to low thoracic spine." The requesting physician is recommending a "left-sided T9-T10 facet joint injection." Utilization review denied the request on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left T9-T10 facet joint block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Facet joint signs and symptoms.

Decision rationale: This patient presents with thoracic pain. The patient has a history of failed back syndrome and is status post T10 to pelvis posterior spinal fusion, right side L3-L4, L4-L5 DLIF on 07/26/2013. The physician is recommending a left-sided T9-T0 facet joint injection. Utilization review denied the request stating information provided does not localize the pain to the requested level. There are no specific indications to consider these injections. ACOEM Guidelines do discuss facet joint syndrome but does not support facet joint injections. ODG allows for facet diagnostic evaluation of facet joints but not therapeutic injection of the facet joints. Evaluation of facet joints is recommended when radicular symptoms are not present. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of its procedure and approval of treatment should be made on a case-by-case basis. Specific criteria used including diagnosis of facet pain with adequate diagnostic blocks, no radicular symptoms, and normal sensory examination are required. In this case, the patient does not present with paravertebral tenderness over the facet joints but tenderness over the midline. Tenderness does not appear to be localized over the left T9-10 level. The patient's diffuse pain over the thoracic midline is unlikely facetogenic and therefore the request is not medically necessary.