

Case Number:	CM14-0161832		
Date Assigned:	10/07/2014	Date of Injury:	12/12/2002
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant sustained an industrial injury on 12/12/2002. The mechanism of injury was not provided. Her diagnosis is chronic mid and low back pain. She complains of ongoing thoracic and low back pain. On exam there is tenderness over L5-S1 bilaterally, tenderness through the thoracic spine including T5, 6, 7 and radiating snapping band tenderness to the rhomboids. Treatment has included medical therapy with Fentanyl. The treating provider has requested left thoracic medical branch block T5-6, T6-7, and right thoracic medical branch block T5-6, T6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thoracic medial branch block T5-6, T6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Spine, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint injections, thoracic

Decision rationale: There is no documentation indicating that the patient has facet mediated pain. Medial branch blocks are limited to patients with low back pain that is non-radicular and at

no more than two levels. ODG also states that pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment of the rib cage. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Right thoracic medial branch block T5-6, T6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Spine, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint injections, thoracic

Decision rationale: There is no documentation indicating that the patient has facet mediated pain. Medial branch blocks are limited to patients with low back pain that is non-radicular and at no more than two levels. ODG also states that pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment of the rib cage. Medical necessity for the requested item is not established. The requested item is not medically necessary.