MAXIMUS Federal Services

Case Number:	CM14-0162686		
Date Assigned:	10/07/2014	Date of Injury:	08/27/2012
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 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:

This is a 36-year-old gentleman who sustained an injury to his low back and thoracic spine on 08/27/12. A previous thoracic MRI scan showed no evidence of compressive pathology. The records provided for review documented that the clamant is status post left-sided thoracic radiofrequency ablation procedure in 2013. The clinical records document that the claimant underwent a diagnostic right T8-9 medial branch block on 08/18/14 with Marcaine providing 100 percent pain relief for a four day period of time. The recommendation was made for repeat radiofrequency ablation procedure to be performed. There is no indication of recent physical examination findings for review. The claimant's subjective complaints fail to demonstrate any evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic medical branch radiofrequency at right T8 and T9, with anesthesia: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thoracic facet blocks, Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: Based on California ACOEM Guidelines, the request for repeat thoracic medial branch radiofrequency at right T8 and T9, with anesthesia is recommended as medically necessary. The claimant has axial complaints of the thoracic spine for which he underwent a T8-9 diagnostic medial branch block. The block provided 100 percent temporary pain relief consistent with a positive finding. The role of radiofrequency ablation procedure, which was also beneficial for the claimant over a year ago, would appear to be medically necessary given his current clinical presentation and positive response to diagnostic injection procedure. The request is deemed medically necessary.