

Case Number:	CM14-0049105		
Date Assigned:	06/25/2014	Date of Injury:	08/23/2013
Decision Date:	07/24/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 male with a date of injury of 08/23/2013. The listed diagnoses per [REDACTED] dated 02/28/2014 include cervicalgia, sprain/strain thoracic region, sprain/strain of the neck, and an unspecified disorder of the bursae and tendons, shoulder. According to this report, the patient complains of neck, left shoulder, right midback, and left midback pain. The patient also complains of mid-thoracic pain just left of the spine between the shoulder blades. The pain is constant at a rate of 4/10 to 7/10, 3/10 to 4/10 with medication, and 7/10 without medication. The symptoms are worsened with driving, lying in bed, sneezing, physical activity, physical therapy/occupational therapy, and walking. The patient also reports numbness in the hands within weeks of his injury. The patient is status post bilateral CT and left ulnar nerve release. The examination of the thoracic spine shows normal kyphosis. There is tenderness to palpation of the left paracentral and mid-thoracic spine over the regions of the facets and the interscapular region. There is pain in flexion, right lateral bend, range of extension. However, there are no obvious static muscle spasms. There is pain guarding with end range of motion. The treater referenced an MRI of the thoracic spine from 2013, the exact month and date of which is unknown, showing a right T8-T9 paracentral protrusion, effacement of the cord, otherwise, multiple levels of spondylosis. The utilization review modified the request on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic facet blocks left T5-8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations. The ODG also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The progress report dated 02/20/2014 shows tenderness upon palpation in the left paracentral mid thoracic spine over the regions of the facets in the infrascapular region. There is pain with flexion, right lateral bending, and extension with a negative straight leg raise. There is also normal sensation in the upper and lower extremities. In this case, the request is for thoracic facet injections. None of the guidelines discuss facet injections of the thoracic spine. Facet joint syndromes pertain to cervical and lumbar spine and it is not known that thoracic facet joints can be pain generators due to their relative stability. Finally, the request is for 3 levels and ODG do not recommend more than 2 level injections if it were to be performed. As such, the request is not medically necessary and appropriate.

Physical therapy once a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on the progress report dated 02/20/2014, the requested physical therapy sessions are for the left shoulder. The MTUS Chronic Pain Guidelines on physical medicine recommends 8 to 10 visits for myalgia, myositis and neuralgia-type symptoms. There were no therapy reports included in the file for review. The utilization review letter from 03/19/2014 modified the request to 2 sessions for post-injection shoulder physical therapy. Reports show that the patient has 8 sessions of therapy authorized with 4 remaining. When combined with the current request for 5 sessions, it would exceed the number of therapy treatments allowed by the MTUS Chronic Pain Guidelines for this kind of condition. As such, the request is not medically necessary and appropriate.

