

Case Number:	CM14-0098120		
Date Assigned:	09/16/2014	Date of Injury:	07/26/2012
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/26/2014

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, 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 37 year old female with an injury date of 07/26/12. Based on 05/13/14 progress report provided by [REDACTED] the patient presents with left sided neck and upper thoracic pain rated 2-4/10. Pain is worsened by flexion. Patient states there is no radiating left arm pain, however some numbness and progressive weakness with hypertrophy is present over time. Patient had 2 epidural injections with marked improvement of his symptoms that lasted up to 60 days and intramuscular injection with some improvement (levels not specified). Medications include Aleve. Physical Examination 05/13/14- tenderness on palpation of left cervical and upper thoracic paraspinal musculature- pain on palpation of upper thoracic spine on the left side with spasm. Diagnosis 05/13/14- status post left carpal tunnel release- status post cubital tunnel release- chronic left sided neck and upper trapezial pain [REDACTED]. [REDACTED] is requesting Upper Thoracic facet joint injection. The utilization review determination being challenged is dated 06/03/14. The rationale is "facet joint injections are not recommended in the thoracic region." [REDACTED] is the requesting provider, and he provided treatment reports from 01/03/14 - 05/13/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper thoracic facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar and Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter

Decision rationale: Patient presents with left sided neck and upper thoracic pain rated 2-4/10. The request is for Upper Thoracic facet joint injection. Patient's diagnosis includes chronic left sided neck and upper trapezial pain. Per ODG-TWC: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter : " Facet joint injections, thoracic: Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended." The request for facet joint injection is not recommended by ODG guidelines, therefore recommendation is for denial.