

Case Number:	CM14-0136215		
Date Assigned:	09/03/2014	Date of Injury:	04/12/2002
Decision Date:	06/24/2015	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 injured worker is a 57 year old male, who sustained an industrial injury on 04/12/2002. He has reported subsequent neck, back and lower extremity pain and was diagnosed with herniated nucleus pulposus of the lumbar and thoracic spine and myelopathy. Treatment to date has included oral pain medication, spinal cord stimulator placement, acupuncture and transforaminal epidural steroid injection. In a progress note dated 07/15/2014, the injured worker complained of neck, back and bilateral lower extremity pain and numbness. Objective findings were notable for an antalgic gait, trembling of the bilateral upper extremities, moderate tenderness to palpation of the cervical, thoracic and lumbar paraspinals, positive facet loading challenge in the thoracic spine, decreased range of motion of the cervical, thoracic and lumbar spine, decreased sensation in the C5-C7 dermatomes, left L5 and S1 dermatomes and reproduction of foot pain with bilateral straight leg raise. MRI of thoracic spine showed T9-T11 facet and ligamentum flavum hypertrophy producing spinal canal narrowing and T12-L1 central focal disc protrusion that abuts the spinal cord. A request for authorization of medial branch block bilaterally at T9-T10 and T10-T11 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One medial branch block bilaterally at T9-T10 and T10-T11: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Injections, Thoracic.

Decision rationale: ODG recommends against providing medial branch blocks in the thoracic region. The medical records do not describe why ODG is incorrect and why there is diagnostic certainty, that facet mediated pain the thoracic spinal column is a significant pain generator in this 13 year old injury. This request for a thoracic medial branch block is not medically necessary.