

Case Number:	CM14-0158253		
Date Assigned:	10/01/2014	Date of Injury:	10/06/1994
Decision Date:	07/08/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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

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 69-year-old female with an industrial injury dated 10/06/1994. The mechanism of injury is documented as a fall causing injury to her low back and lower extremity pain. Her diagnoses included anxiety disorder, post lumbar laminectomy, thoracic spondylosis, lumbar spondylosis and myofascial pain syndrome. Co morbid diagnoses include hypertension and depression. Prior treatment included posterior lumbar 4, 5 fusion in 1996, physical therapy (which offered relief), chiropractic care (which offered no relief), acupuncture (which helped), psychological treatment and lumbar epidural injections (no relief). Medications included Norco, Xanax, Protonix, Synthroid, Toprol XL and Avalide. She presents on 08/21/2014 with shoulder pain, leg pain and low back pain. Physical exam noted normal gait. There was pain and tenderness in the dorsal thorax and lumbar region. There was pain on right axial rotation, which was limited. Lumbar range of motion was limited in extension, right axial rotation and left axial rotation. Treatment plan included refilling Norco, decrease Alprazolam, cognitive behavioral therapy, and diagnostic medial branch blocks of the left sided facet joints above and below the fused lumbar 4 and lumbar 5 spinal segments, diagnostic medial branch blocks at thoracic 5 and 6 and thoracic 6 and 7 facet joints, urine drug screen and office visit in one month. This treatment request is for left diagnostic medial branch block at thoracic 5-6 and thoracic 6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT DIAGNOSTIC MEDIAL BRANCH BLOCK AT T5-6 AND T6-7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 (Thoracic and Lumbar) Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: Regarding the request for medial branch block at levels T5-6 and T6-7, California MTUS does not specifically address medial branch blocks. ODG does support their use for the diagnosis of facet-mediated pain in patients with non-radicular back pain at no more than 2 levels bilaterally after failure of conservative treatment. Within the documentation available for review, there are positive exam findings of thoracic facet joint tenderness. In addition, the patient has not responded well to chiropractic treatment, physical therapy, and other conservative modalities. As such, the currently requested medial branch block at levels T5-6 and T6-7 is medically necessary.