

<b>Case Number:</b>	CM14-0194200		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	04/03/1987
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 48 year old male who was injure on 4/3/1987. The diagnoses are cervical spondylosis, cervicgia, lumbago, lumbar spondylosis, shoulder and thoracic area pain. There is associated diagnosis of depression associated with the chronic pain. The patient had completed PT, acupuncture, chiropractic treatments, trigger points injections, neurolysis and epidural steroid injections. On 10/9/2014, Dr. [REDACTED] noted subjective complaint of low and mid back pain. The pain is described as aching and sharp. The pain score is rated at 7/10 on a scale of 0 to 10. On 11/3/2014, Dr. [REDACTED] noted that the Percocet was not helping with the pain as much as before. The pain score was 10/10 without medication. There was objective finding of tenderness over the paraspinal areas of the cervical and lumbar spines with decreased range in motion. There was no objective findings documented on the thoracic spine. The patient was noted to be experiencing increased neuropathic type pain. The medications listed are Prozac, Pamelor, Topamax and Percocet. The UDS and CURES report was noted to be consistent. A Utilization Review determination was rendered on 11/6/2014 recommending non certification for bilateral T9, 10, 11, 12, MBB.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Median Branch Block Bilateral, Thoracic Spine: 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), Thoracic Facet Injection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low and Upper Back Chapter

**Decision rationale:** The CA MTUS did not address the use of thoracic facet procedures for the treatment of thoracic spine pain. The ODG guidelines recommend that facet median branch blocks can be utilized as a diagnostic and therapeutic treatment of facet pain syndrome when conservative treatments with medications and physical therapy have failed. The records did not show subjective, objective or radiological findings consistent with thoracic facet syndrome. The patient was reported to have radiculopathy. There was no documentation of any clinical findings relating to the thoracic spine in the available records. The criteria for bilateral T9, 10, 11, 12 MBB is not medically necessary.