

<b>Case Number:</b>	CM15-0097893		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Emergency 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 54 year old male, who sustained an industrial injury on 7/24/2013. He reported a fall from a porch. The injured worker was diagnosed as having thoracic spondylosis, thoracic degenerative disc disease, and myofascial pain syndrome. Treatment to date has included diagnostics, physical therapy, acupuncture, trigger point injections, and medications. Currently, the injured worker complains of mid back pain, radiating to the low back and right nipple. Pain was rated 4/10. He was able to stand for 15 minutes, sit for 10 minutes, and walk for 30 minutes to an hour. His medication use included Gabapentin. Exam of the lumbar spine noted 40 degrees of true flexion, 15 degrees extension, 15 degrees of bilateral lateral flexion, and 20 degrees of bilateral rotation. Tenderness to palpation was noted over the thoracic and facet joints. The treatment plan included medial branch blocks at bilateral T4, T5, T6, and T7. His work status was permanent and stationary as of 5/05/2015. Per the Agreed Medical Examination, dated 5/05/2015, thoracic spine x-rays showed reasonable well maintained thoracic disc spaces, without evidence of compression fracture. The physical exam of the thoracic spine noted dermatomal sensory changes in the T8 and T9 dermatomes on the right and restricted thoracic range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medial branch blocks at bilateral T4: 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), Lumbar & Thoracic - Acute & Chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested Medial branch blocks at bilateral T4, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has mid back pain, radiating to the low back and right nipple. Pain was rated 4/10. He was able to stand for 15 minutes, sit for 10 minutes, and walk for 30 minutes to an hour. His medication use included Gabapentin. Exam of the lumbar spine noted 40 degrees of true flexion, 15 degrees extension, 15 degrees of bilateral lateral flexion, and 20 degrees of bilateral rotation. Tenderness to palpation was noted over the thoracic and facet joints. The treatment plan included medial branch blocks at bilateral T4, T5, T6, and T7. His work status was permanent and stationary as of 5/05/2015. Per the Agreed Medical Examination, dated 5/05/2015, thoracic spine x-rays showed reasonable well maintained thoracic disc spaces, without evidence of compression fracture. The physical exam of the thoracic spine noted dermatomal sensory changes in the T8 and T9 dermatomes on the right and restricted thoracic range of motion. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, nor imaging evidence of facet hypertrophy nor positive facet loading tests on exam. The criteria noted above not having been met, Medial branch blocks at bilateral T4 is not medically necessary.

### **Medial branch blocks at bilateral T5: 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), Lumbar & Thoracic - Acute & Chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested Medial branch blocks at bilateral T5, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-

radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has mid back pain, radiating to the low back and right nipple. Pain was rated 4/10. He was able to stand for 15 minutes, sit for 10 minutes, and walk for 30 minutes to an hour. His medication use included Gabapentin. Exam of the lumbar spine noted 40 degrees of true flexion, 15 degrees extension, 15 degrees of bilateral lateral flexion, and 20 degrees of bilateral rotation. Tenderness to palpation was noted over the thoracic and facet joints. The treatment plan included medial branch blocks at bilateral T4, T5, T6, and T7. His work status was permanent and stationary as of 5/05/2015. Per the Agreed Medical Examination, dated 5/05/2015, thoracic spine x-rays showed reasonable well maintained thoracic disc spaces, without evidence of compression fracture. The physical exam of the thoracic spine noted dermatomal sensory changes in the T8 and T9 dermatomes on the right and restricted thoracic range of motion. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, nor imaging evidence of facet hypertrophy nor positive facet loading tests on exam. The criteria noted above not having been met, Medial branch blocks at bilateral T5 is not medically necessary.

#### **Medial branch blocks at bilateral T6: 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), Lumbar & Thoracic - Acute & Chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested Medial branch blocks at bilateral T6, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has mid back pain, radiating to the low back and right nipple. Pain was rated 4/10. He was able to stand for 15 minutes, sit for 10 minutes, and walk for 30 minutes to an hour. His medication use included Gabapentin. Exam of the lumbar spine noted 40 degrees of true flexion, 15 degrees extension, 15 degrees of bilateral lateral flexion, and 20 degrees of bilateral rotation. Tenderness to palpation was noted over the thoracic and facet joints. The treatment plan included medial branch blocks at bilateral T4, T5, T6, and T7. His work status was permanent and stationary as of 5/05/2015. Per the Agreed Medical Examination, dated 5/05/2015, thoracic spine x-rays showed reasonable well maintained thoracic disc spaces, without evidence of compression fracture. The physical exam of the thoracic spine noted dermatomal sensory changes in the T8 and T9 dermatomes on the right and restricted thoracic range of motion. The treating physician does not document the intention of proceeding with a subsequent facet

neurotomy if the diagnostic blocks produce the required positive result, nor imaging evidence of facet hypertrophy nor positive facet loading tests on exam. The criteria noted above not having been met, Medial branch blocks at bilateral T6 is not medically necessary.

**Medial branch blocks at bilateral T7: 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), Lumbar & Thoracic - Acute & Chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested Medial branch blocks at bilateral T7, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has mid back pain, radiating to the low back and right nipple. Pain was rated 4/10. He was able to stand for 15 minutes, sit for 10 minutes, and walk for 30 minutes to an hour. His medication use included Gabapentin. Exam of the lumbar spine noted 40 degrees of true flexion, 15 degrees extension, 15 degrees of bilateral lateral flexion, and 20 degrees of bilateral rotation. Tenderness to palpation was noted over the thoracic and facet joints. The treatment plan included medial branch blocks at bilateral T4, T5, T6, and T7. His work status was permanent and stationary as of 5/05/2015. Per the Agreed Medical Examination, dated 5/05/2015, thoracic spine x-rays showed reasonable well maintained thoracic disc spaces, without evidence of compression fracture. The physical exam of the thoracic spine noted dermatomal sensory changes in the T8 and T9 dermatomes on the right and restricted thoracic range of motion. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, nor imaging evidence of facet hypertrophy nor positive facet loading tests on exam. The criteria noted above not having been met, Medial branch blocks at bilateral T7 is not medically necessary.