

<b>Case Number:</b>	CM15-0097902		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/15/2015
<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 40 year old male, who sustained an industrial injury on 09/05/2013. The injured worker reported chest pain as a result of a locker falling forward hitting the injured workers chest. On provider visit dated 03/13/2015 the injured worker has reported right chest wall and thoracic region pain. On examination of the injured worker was positive for pain and anxiety. Thoracic paraspinal muscles and tenderness noted in the right mid thoracic paraspinal muscles. Dysesthesia noted to light touch in the right mid thoracic region. Tenderness in the facet joints bilaterally. The diagnoses have included thoracic sprain/strain, thoracic faceted pain and possibly of thoracic radiculitis. Treatment to date has included physical therapy and medication. The provider requested Right thoracic facet joint injection at T7-T8, T8-T9 and T6-T7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thoracic facet joint injection at T7-T8, T8-T9 and T6-T7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** The patient is a 40 year old male who sustained an injury in September of 2013. The patient has been diagnosed with thoracic facet pain and radiculitis with treatment including physical therapy and medication. The request is for multi-level thoracic facet joint injections to aid in pain relief. Unfortunately, there are no imaging studies included in the records revealing thoracic disease or nerve compression. The MTUS guidelines also do not support invasive techniques such as facet joint injections for upper back complaints, stating there is no proven benefit seen. As such, due to the lack of imaging studies included in the documentation, as well as lack of proven benefit, the requested therapy would not be medically necessary.