

Case Number:	CM14-0138984		
Date Assigned:	09/05/2014	Date of Injury:	02/28/2011
Decision Date:	11/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 57 year old female who was injured on 02/28/2011. The mechanism of injury is unknown. She has been treated conservatively in the past with physical therapy, massage therapy, chiropractic treatment, and acupuncture; all of which provided partial, brief, or temporary relief. Progress report dated 07/16/2014 indicates the patient presented with ongoing complaints of ongoing neck and thoracic pain. She rated her pain as an 8/10 and achy in the neck. She complained of back pain as well with spasm, burning, shooting pain in the right shoulder and arm with associated numbness, and tingling. On exam, there is facet tenderness in the thoracic spine bilaterally on the T5, T6, T7, and T8 levels. The pain is reproduced with facet loading on the thoracic spine. Neck range of motion is restricted. The patient had an MRI of the thoracic spine performed on 03/05/2013 which revealed degenerative spondylosis. The patient is diagnosed with thoracic spondylosis without myelopathy and has been recommended for medial branch blocks for T5-T8. Prior utilization review dated 07/28/2014 by [REDACTED] states the request for Medial Branch Blocks under Fluoroscopic Guidance at T5, T6, T7, and T8 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks under Fluoroscopic Guidance at T5, T6, T7, T8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Blocks

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

Decision rationale: CA MTUS guidelines do not have appropriateness of the issue in dispute and therefore ODG have been consulted. As per ODG, the criteria for medial branch block is "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." The requested levels exceed two levels. Therefore, the medical necessity for Medial Branch Blocks under Fluoroscopic Guidance at T5, T6, T7, T8 is not established.