

Case Number:	CM13-0007701		
Date Assigned:	09/13/2013	Date of Injury:	01/30/2011
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuro-oncology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 physician 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.

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 reported a work related injury on 07/30/2011. The mechanism of injury was not stated. The patient complains of significant pain in the left neck, upper neck, back of the head, lower neck, and upper back. She has undergone cervical facet injections. The patient's medications include Vicodin and naproxen. The patient's diagnoses are listed as hereditary and idiopathic peripheral neuropathy, lumbar disc disease, cervicgia/neck pain, and facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency neurotomy of the third occipital nerve and the C3 deep medial branch nerve: 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), Neck and Upper Back Chapter, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The clinical note submitted for review dated 07/24/2013 stated the employee continued with significant pain in the neck, back of the head, and upper back. Injections for the

left upper neck had greatly helped, yet injections for the lower neck facet joints have not been done. The employee also complained of pain in the low back and down the left lower extremity. A physical exam of the cervical spine stated that soft tissue palpation on the left noted tenderness of the paracervicals and trapezius trigger point pain. Bony palpation noted tenderness of the transverse process left at C2 down to C5 or C6, and palpation over left upper posterior neck reproduces the pain in the neck and suboccipital region. Slightly restricted range of motion was noted with pain. Motor strength in the employee's neck was noted at 5/5. Straight leg raising on the left and right were positive. The treatment plan noted that the left suboccipital and posterior headache and the upper neck pain should be further addressed with radiofrequency neurotomy of the same nerves, the 3rd occipital nerve, and the C3 deep medial branch nerve, which innervate the C2-3 joint. Prior to the diagnostic injections, the employee was far worse. The Official Disability Guidelines state that facet joint radiofrequency neurotomy is under study. Studies have not demonstrated improved function. The approval for cervical facet radiofrequency neurotomy depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The clinical note dated 02/15/2013 stated that, twice, injections of the nerves to the left C2-3 facet joint led to greater than 80% pain relief. There was no other documentation submitted noting the employee's improvements from the diagnostic blocks, including pain relief scores or documented improvements in function. In addition, the clinical notes submitted state that the employee's left suboccipital and posterior headache should be further addressed with radiofrequency neurotomy of the same nerves. The Official Disability Guidelines state that this procedure is not recommended to treat cervicogenic headaches. Facet joint radiofrequency neurotomy is commonly used to provide a window of pain relief, allowing for participation in active therapy. The request for radio frequency neurotomy of the third occipital nerve and the C3 deep medial branch nerve is not medically necessary and appropriate.