

Case Number:	CM13-0011170		
Date Assigned:	12/18/2013	Date of Injury:	02/05/2008
Decision Date:	08/01/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/14/2013

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 Nevada. 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 injured worker is a 54-year-old female who was reportedly injured on 2/5/2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 6/17/2013, indicated that there were ongoing complaints of neck pain rating down into both of her arms, right greater than left. The physical examination demonstrated cervical spine positive tenderness to palpation of the paraspinal muscles and trapezius bilaterally and decreased range of motion. There was a normal motor and sensory exam. An MRI of the cervical spine was referenced in the note on 7/1/2013. No official radiological report was available for review. Previous treatment included medications such as tramadol, Prilosec, Butrans patch, Neurontin, physical therapy and intra-articular steroid injections of the shoulders. A request was made for radiofrequency rhizotomy C2-C3, C3-C4, bilateral and was not certified in the pre-authorization process on 8/7/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency rhizotomy at C2-C3, C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that cervical radiofrequency rhizotomy has limited evidence of effectiveness in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited. Caution is needed due to the scarcity of high-quality studies. After review of the medical records provided, it was noted the injured worker had some relief from cervical facet blocks with a 50% improvement that provided pain relief for greater than two months. Evidence-based data for this requested procedure has very limited evidence that it may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Also lacking from the treatment plan is evidence of formal plan rehabilitation in addition to facet joint therapy. Therefore, with limited evidence-based medicine studies supporting the efficacy of this procedure, as well as limited/impartial treatment plans, the request for this procedure is deemed not medically necessary at this time.