

Case Number:	CM13-0024724		
Date Assigned:	11/20/2013	Date of Injury:	10/27/2006
Decision Date:	02/12/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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. 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 55-year-old male who reported an injury on 10/27/2006. The mechanism of injury was not provided in the medical records. The patient's diagnoses included multilevel cervical spine degeneration and status post cervical spine surgery with C5-6 fusion in 2008. His symptoms were noted to include right side neck pain with radiation to his right shoulder and arm. Objective findings included tenderness to palpation over his right cervical facet joint regions. The patient was noted to have undergone right sided C3, C4, C5, and C6 medial branch blocks on 07/29/2013. It was noted that he called his physician the next day and reported approximately 75% reduction of his overall right sided neck pain, which lasted for approximately 4-1/2 to 5 hours. A recommendation was made for medial branch radiofrequency neurotomies at C3, C4, C5, and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side C3, C4, C5, C6 medial branch radiofrequency neurotomies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Facet joint radiofrequency neurotomy

Decision rationale: The Official Disability Guidelines state that cervical facet radiofrequency neurotomies may be recommended for patients with facet joint signs and symptoms who have evidence of adequate diagnostic blocks including documented VAS scores and objective functional gains. It further states that no more than 2 joint levels should be performed at 1 time. Moreover, there needs to be evidence of a formal plan of rehabilitation. It was noted that the patient reported approximately 75% reduction in pain for 4-1/2 to 5 hours following his medial branch blocks. However, this was not supported by documented VAS scores or objective functional gains. Additionally, the request is not limited to 2 joint levels and there was no documented plan of rehabilitation for the patient following the neurotomies. For these reasons, the request for Right Sided C3, C4, C5, C6 medial branch radiofrequency neurotomies is non-certified.