

Case Number:	CM13-0025330		
Date Assigned:	11/20/2013	Date of Injury:	04/21/2010
Decision Date:	02/12/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

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:

This patient is a 32-year-old male with a reported date of injury of 04/21/2010. The mechanism of injury is described as lifting and carrying a sack of cement resulting in pain to his back and neck. He was seen on 09/24/2013, and was experiencing tenderness to palpation over the lumbar paraspinal muscles overlying the bilateral L3 to S1 facet joints and cervical paraspinal muscles overlying the bilateral C5 to T1 facet joints. He had muscle strength rated at 5/5 in all muscle groups tested. Records indicate the diagnosis at that time was a positive diagnostic right C5-6 and right C7-T1 facet joint medial branch block, positive bilateral L4-5 and bilateral L5-S1 facet joint medial branch block, lumbar facet joint pain, lumbar facet joint arthropathy, cervical facet joint pain, cervical facet joint arthropathy, cervical stenosis, lumbar stenosis, cervical sprain and strain, and lumbar sprain and strain. The plan going forward was to request a facet joint rhizotomy at C5-6 and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Rhizotomy at C5-6 and C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The rationale for why the requested treatment is not medically necessary is this request is for a rhizotomy at C5-6 and C6-7. MTUS/ACOEM states "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain." Guidelines do not specifically endorse facet rhizotomy. While the records indicate that he had a successful block, those blocks are not documented sufficiently in the records to justify Facet Joint Rhizotomy at C5-6 and C7-T1. Therefore, the request is non certified.