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| Case Number: | CM13-0028338 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 10/08/2008 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 08/23/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 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 reported a work-related injury on 10/08/2008 to the cervical spine, specific mechanism of injury not stated. Currently, the patient presents for treatment of radiculitis, stenosis and degenerative disc disease about the cervical spine. The clinical note dated 08/30/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient presented with cervical spine range of motion significantly limited secondary to pain. The patient had decreased grip strength bilaterally to the upper extremities. The provider documented that the patient continued with significant cervical spine residuals and has been recommended to undergo a cervical spinal fusion. The provider documented that the patient continued to utilize Pristiq and Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Facet Rhizotomy of the Cervical Spine, Right C4-C7 Levels as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The current request is not supported. The clinical notes evidence that the patient was status post a left-sided C4-7 facet rhizotomy; however, the specific date of this procedure was not stated, and the clinical notes document that the patient continues to present with significant pain complaints about the cervical spine as well as objective findings of radiculopathy. Given the lack of documentation evidencing a significant increase in objective functionality and a decrease in the patient's rate of pain status post a left-sided C4-7 facet rhizotomy as well as significant findings of facet-mediated pain complaints; the current request is not supported. The California MTUS/ACOEM indicates that there is good quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief of pain. However, without documentation evidencing the patient's reports of efficacy as well as objective functional improvements status post the initial rhizotomy performed on the left, the current request for 1 facet rhizotomy of the cervical spine to the right C4-7 levels as an outpatient is not medically necessary nor appropriate.