

Case Number:	CM13-0028439		
Date Assigned:	07/02/2014	Date of Injury:	05/24/1995
Decision Date:	07/31/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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 patient is a 61 year old female employee with a dated of injury of 5/24/1995. A review of the medical records indicate that the patient is undergoing treatment for neck pain status post cervical fusion. Treatment has included bilateral medial branch block of C3, C4, C5 (4/16/2013), distant history of C4-C9 cervical fusion, physical therapy (unknown number of sessions), and ibuprofen, indocin, Celebrex, and Norco. Treatment notes (4/16/2013) indicate that the patient has 50% relief post-block and on (5/13/2013) indicate that the patient had 50% relief immediately but that immediately wore off. Four months after the diagnostic block (8/7/2013) treating physician states 50% relief of the diagnostic block, global head/upper back/arm symptoms with tingling and numbness to hands. A utilization review dated 9/4/2013 non-certified the request for cervical medial branch neurotomy bilateral C3-4 and C4-5 with fluoroscopy as outpatient due to lack of laterality (left/right) of the origin of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medical branch neurotomy bilateral C3-4 and C4-5 with fluoroscopy as 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 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Facet joint therapeutic steroid injections.

Decision rationale: MTUS/ACOEM guidelines states facet joint injections and diagnostic blocks are not recommended and optional for radio frequency neurotomy. The Official Disability Guidelines (ODG) states "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. In this case, the patient has undergone a cervical fusion. Additionally, the medical notes indicate that the patient did not have 70% initial pain relief. Finally, the post-procedure treatment notes do not indicate a 'formal plan of rehabilitation'. As such, the request for cervical medial branch neurotomy bilateral C3-4 and C4-5 with fluoroscopy as outpatient is not medically necessary and appropriate.