MAXIMUS Federal Services

Case Number:	CM13-0034784		
Date Assigned:	12/11/2013	Date of Injury:	06/28/2006
Decision Date:	01/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 65-year-old male patient, with a date of injury of June 28, 2006. The patient most recently (September 5, 2013) presented with cervical complaints. Physical examination revealed reduced cervical range of motion and neck pain on extension, which extends toward the right shoulder. Current diagnoses include multilevel cervical degenerative disc disease, multilevel cervical facet syndrome, and cervical spondylosis. Treatment to date includes activity modification, cervical epidural injections, and medications. Treatment requested is for a Bilateral C3, C4, C5 cervical rhizotomy. In a medical record dated November 19, 2013, a note from [redacted], he stated that "On July 5, 2012, the patient had bilateral medial branch blocks performed by [redacted] at C3, C4, and C5. The assessment in that report says, 'The patient reported no pain relief after the procedure.' However, I had a telephone conversation with the patient on July 10, 2013, in which he stated 100% relief of his pain during the anesthetic phase and his pain all returned later that day. Based on this, it is apparent that the assessment portion of [redacted] report has a typographical error. It should read, "The patient reported no pain after the procedure." I recommended repeat medial branch block and follow-up visit with me on the same day in order to absolutely confirm the result of the block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C3, C4, C5 Cervical Rhizotomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Facet Joint Injections.

Decision rationale: The California MTUS state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. According to the Official Disability Guidelines states that no more than one (1) therapeutic intra-articular block is suggested, with respect to facet joint intra-articular therapeutic injections. If successful the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care to facilitate functional improvement. Therefore the request for a Bilateral C3, C4, C5 Cervical Rhizotomy is medically necessary, based on the above guideline, as well as recent medical report update of [redacted], dated November 19 2013.