

Case Number:	CM13-0038435		
Date Assigned:	12/20/2013	Date of Injury:	08/14/2003
Decision Date:	03/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 49-year-old female with a date of injury of 8/14/2003. An MRI on 8/19/2011 reveals multilevel arthropathy with severe to moderate C4-C7 neuroforaminal narrowing without canal stenosis. Diagnoses include degeneration of cervical intervertebral disc, enthesopathy of elbow, tenosynovitis of hand and wrist, post laminectomy syndrome and traumatic arthropathy involving ankle and foot. A note dated 12/18/2013 reveals subjective complaints of pain in the neck, left arm, left shoulder, elbow, hand, back and right ankle. The pain is rated as 8/10 without medication and 3/10 with medication and is unchanged since previous evaluation. The patient had trigger point injections on 12/11/2013. The patient is reported to have had bilateral C5, C6 and C7 medical branch nerve rhizotomy on 4/24/2013. According to the medical record this patient had previously undergone medical branch block and facet rhizotomy with good response. On 6/20/2013 the neck pain is reportedly worse and Oxycontin is increased to 40 mg by mouth, four times a day. The neck pain is reported to be worse on 8/13/2013 and 9/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, and 181, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: A cervical radiofrequency neurotomy (facet rhizotomy) is a pain management technique used to treat chronic neck pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying a facet joint, specifically the medical branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. Radiofrequency neurotomy is an option for management of neck pain, according to the Official Disability Guidelines. The evidence is limited with regard to effective relief of cervical facet joint pain. The sample sizes in studies demonstrating efficacy are generally small. Effective relief has been demonstrated in patients who have had a positive response to facet injection. There is documentation in this patient's medical record indicating there may have been some short term, immediate relief with previously performed facet rhizotomy. The facet rhizotomy was performed on 4/24/2013 and neck pain was worse by 6/20/2013. Additional recommendations in the Official Disability Guidelines specify that the procedure is not deemed successful without sustained pain relief for six (6) months. There is clear documented evidence this patient did not achieve pain relief for six (6) months. Therefore, the above listed issue is considered not medically necessary.