

Case Number:	CM13-0051423		
Date Assigned:	12/27/2013	Date of Injury:	12/24/1984
Decision Date:	03/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Medicine 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:

The patient is a 44-year-old male who reported an injury on 12/24/1984. The patient is diagnosed with chronic pain syndrome, lumbosacral spondylosis without myelopathy, post-laminectomy syndrome, degeneration of cervical intervertebral disc, cervical spondylosis without myelopathy, depressive disorder, and disorders of the sacrum. The patient was seen on 10/21/2013. The patient reported lower back pain with radiation to bilateral lower extremities, neck pain and stiffness with headaches, and right knee pain. Physical examination revealed diminished range of motion of the cervical spine, stiffness, and negative Spurling's maneuver. Treatment recommendations included continuation of current medications and an authorization for radiofrequency lesioning of the right C3, C2-3, and C2 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 radiofrequency lesioning under fluoroscopy guidance right C3, C2-C3, C2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,181.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain and approval depends on variables such as evidence of adequate diagnostic blocks with improved VAS score and function. As per the documentation submitted, the patient has undergone radiofrequency lesioning of the cervical spine in the past. The Official Disability Guidelines state repeat neurotomies may be required following documentation of at least 12 weeks of greater than 50% relief. As per the documentation submitted, there is no evidence of this patient's active participation or plan to participate in a formal rehabilitation program in addition to facet joint therapy. There is also no evidence of a recent failure to respond to conservative treatment. The patient's physical examination on the requesting date of 10/21/2013 only revealed diminished range of motion of the cervical spine. Based on the clinical information received, the patient does not currently meet criteria for a radiofrequency lesioning under fluoroscopic guidance. Therefore, the request for 1 radiofrequency lesioning under fluoroscopy guidance right C3, C2-C3, C2 is non-certified.