

Case Number:	CM13-0053125		
Date Assigned:	12/30/2013	Date of Injury:	02/08/1999
Decision Date:	03/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation 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 an injury on 02/08/1999. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical degenerative disc disease, cervical facet arthropathy, status post multiple radiofrequency rhizotomies at C2-7, status post anterior cervical fusion at C6-7, bilateral ulnar neuropathy, mild bilateral median neuropathy, L3-4 hypertrophic facet arthropathy, L4-5 hypertrophic facets, L5-S1 hypertrophic facets, status post multiple surgeries to the right shoulder, status post left shoulder surgery and status post multiple surgeries to the right knee. The patient was seen by [REDACTED] on 09/19/2013. The physical examination revealed a well-healed surgical scar in the cervical region, tenderness and guarding in the cervical paraspinal musculature, decreased cervical range of motion and intact sensation in the bilateral upper extremities. The treatment recommendations included authorization for a rhizotomy of the medial branches at C2-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA injection at C2, C3, C4, C5, C6, C7 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have a positive response to facet injections. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score and documented improvement in function. As per the documentation submitted, the patient is status post multiple cervical facet rhizotomies. However, there is no objective evidence of improvement in VAS score or function. Additionally, the Official Disability Guidelines state that no more than 2 joint levels are to be performed at 1 time. There was also no evidence of a formal plan of rehabilitation in addition to facet joint therapy. Initial facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The patient has undergone cervical fusion at C6-7. Based on the clinical information received, the request is non-certified.