

Case Number:	CM13-0053397		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2000
Decision Date:	03/11/2014	UR Denial Date:	10/20/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 39-year-old female presenting with neck pain following a work-related injury on May 25, 2000. The claimant has a history of previous cervical fusion. The claimant reports that the neck pain is associated with spasms, headaches, and vomiting as well as referred pain to the upper axial area. The claimant had bilateral cervical neurotomy at C2, C3 and C4 on June 19, 2013. The claimant reported about a 40-50% reduction in pain following cervical facet neurotomy. The claimant's medications include Robaxin 500 mg, tramadol 50 mg, Zofran, amitriptyline 10 mg, and clonazepam 0.5 mg. The physical exam was significant for trigger points in the cervical spine, tightness and triggering in thoracic spine, and limited cervical and cervicothoracic mobility. CT of the cervical spine was significant for unchanged appearance of the surgical hardware with solid interbody fusion from C5-C7. The claimant was diagnosed with axial cervical spine pain. The claimant was made for one repeat cervical neurotomy bilateral C2, C3, C4 between October 17, 2013 and December 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat cervical neurotomy (bilateral) C2, C3, C4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Treatment Consideration.

Decision rationale: One repeat cervical neurotomy (bilateral) C2, C3, C4 between October 17, 2013 and December 16, 2013 is not medically necessary. MTUS references the Occupation medicine practice guidelines chapter on neck pain which states that "treatment requires a diagnosis of facet joint pain; approval depends on cerebral such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function; no more than 2 joint levels are to be performed at one time; if different regions require neural blockade they should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks; they should be evidence of a formal plan of rehabilitation in addition to facet joint therapy; while repeat neurotomies may be required to should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's time. The request is made in less than 6 months from the last procedure. In addition the request is for more than 2 joint levels; therefore the requested treatment is not medically necessary.