

Case Number:	CM13-0055225		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2010
Decision Date:	05/02/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Management, 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 expert 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 40-year-old male who reported an injury on 11/18/10. The mechanism of injury was not provided. The patient is diagnosed with multilevel disc herniation of the cervical spine and facet arthropathy of the cervical spine. The patient was seen by [REDACTED] on 10/9/13. The patient reported ongoing 7/10 neck pain with numbness and tingling of the left upper extremity. It is noted that the patient underwent a medial branch block at C2-3, which offered 75% pain relief. Physical examination revealed positive facet loading maneuver, tenderness to palpation of the upper cervical facet regions at C2-3, decreased range of motion, intact sensation, diminished strength at the deltoid and biceps bilaterally, positive Tinel's testing at the left elbow, and no acute distress. Treatment recommendations included a C2-3 facet rhizotomy. It is noted that the patient underwent a cervical facet medial branch block at bilateral C2-3 on 10/2/13. The patient also underwent a cervical spine MRI on 3/8/13, which indicated a broad based left paracentral disc bulge at C2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RHIZOTOMY AT C2-C3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS/ACOEM guidelines state that 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 that treatment requires a diagnosis of facet joint pain. As per the documentation submitted, it is noted that the patient reported 75% pain relief following a cervical medial branch block. However, there was no objective evidence of functional improvement following the medial branch block on 10/2/13. There was also no evidence of facet abnormality upon imaging study. There is no documentation of a formal plan of rehabilitation in addition to facet joint therapy. Based on the clinical information received, the request is non-certified.