

Case Number:	CM13-0060340		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2002
Decision Date:	03/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/03/2013

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 70-year-old female presenting with neck and back pain following a work-related injury on August 5, 2002. The claimant has a history of cervical fusion. On September 7, 2011 the claimant underwent a C3-4 radiofrequency ablation provided 2 years reduction in her pain and headaches. On September 18, 2013 the claimant reported tenderness to palpation in the facets at the lower cervical spine. The pain is associated with headaches. Previously the claimant underwent right L4 and L5 selective nerve root block with 95% improvement in her pain on August 7, 2013. The claimant has completed physical therapy and acupuncture for the lumbar spine with 50% improvement in her pain. She also had trigger point injections and Toradol injection with 4 weeks relief of pain as well as right L4 and L5 selective nerve root block on October 3, 2012 with 90% improvement for her pain. The physical exam was significant for cervical spine restricted range of motion with extension rotation and bending, hyperesthesia in the right paracervical and upper trapezius region with identified trigger point, tenderness over the lower cervical facets, pain on extension and rotation with tenderness over the facet joints bilaterally, pain in the right suboccipital region and over the greater occipital nerve, positive Tinel's at the right wrist, positive Finkelstein's test on the right side and tenderness across the right wrist. The claimant was diagnosed with status post C4-5 and C5-6 anterior interbody fusion, cervical radiculopathy, cervical degenerative disc disease, cervical facet arthropathy, cervical myofascial pain, other syndromes affecting cervical region, right shoulder impingement, muscle spasms with trigger points and right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidanec (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

Decision rationale: MTUS references the Occupation medicine practice guidelines on page 300 which states that "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is nonradicular and had no more than 2 levels bilaterally documentation of failed conservative therapy including home exercise physical therapy and Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S is required prior to the diagnostic facet block. The request does not specify the level consistent with the claimant's pain; therefore, the request is not medically necessary.