

Case Number:	CM13-0069342		
Date Assigned:	01/17/2014	Date of Injury:	10/08/2008
Decision Date:	06/06/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Orthopedic Surgery, 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 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 injured worker is a 59-year-old female who reported an injury on 10/08/2008. The mechanism of injury was not stated. Current diagnoses include multilevel cervical spondylosis with instability and anterior cord compression at C4-5, chronic daily headache with tinnitus, pain disorder associated with psychological factors and a general medical condition, left shoulder internal derangement, tinnitus, and gastroesophageal stricture. The injured worker was evaluated on 11/22/2013. The injured worker reported persistent severe left axial neck pain. The injured worker was 18 months status post cervical rhizotomy. Physical examination revealed moderate to severe left axial neck pain with finger point tenderness over the left mid cervical facets, increased pain with left axial head compression, and mild impairment in the left shoulder. Treatment recommendations at that time included a repeat left cervical facet rhizotomy at C4-5 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT CERVICAL FACET RHIZOTOMY AT C4-5, C5-6, AS AN OUTPATIENT: Upheld

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

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 ACOEM 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 while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the previous procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than 50% relief. As per the documentation submitted, the injured worker was 18 months status post cervical rhizotomy. Although the injured worker reported improvement in symptoms, there was no objective evidence of at least 12 weeks of greater than 50% pain relief. Therefore, a repeat procedure cannot be determined as medically appropriate. There is also no evidence of a formal plan of rehabilitation in addition to facet joint therapy. Based on the clinical information received, the request is not medically necessary and appropriate.