

Case Number:	CM14-0004885		
Date Assigned:	01/24/2014	Date of Injury:	06/02/1998
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 58 year old female who reported an injury on 06/29/1998. The mechanism of injury was not provided. The clinical note dated 12/16/2013 reported the injured worker had undergone diagnostic right cervical medical branch blocks at C3-4, C4-5 and C5-6 which reduced the injured worker's pain from 7/10 to 0/10 with marked improvement in right cervical rotation noted. The physical examination revealed tenderness to the right cervical facet joints, myofascial tenderness to the right upper trapezius muscle and positive right sided cervical pain with extension and rotation. The diagnoses included right cervical facet medicated pain confirmed by medical branch blocks. The treatment plan included a recommendation for right cervical radiofrequency with neurotomy to treat C4-5 and C5-6 facet joints. The injured worker's medication regimen reportedly included Lidoderm patches, Gabapentin, and Hydrocodone. The request for authorization was submitted on 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CERVICAL RADIOFREQUENCY WITH NEUROTOMIES TO TREAT C4-C5 AND C5-C6 FACET JOINTS: Upheld

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

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

Decision rationale: The request for Right Cervical Radiofrequency with Neurotomies to Treat C4-C5 and C5-C6 Facet Joints is not medically necessary. The injured worker has a history of cervical pain with mild radicular symptoms treated with oral and topical medications. ACOEM states there is limited evidence regarding the efficacy of radio-frequency neurotomy for chronic neck pain. The Official Disability Guidelines state treatment of facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain with no more than two joint levels performed at one time. Approval of this treatment depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The guidelines also state there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Within the clinical information, provided for review, the injured worker's pain was reduced from 7/10 to 0/10 and she had full ability to extend and rotate the cervical spine after the cervical medial branch blocks at C3-4, C4-5 and C5-6 was performed; however, there is a lack of quantifiable objective functional improvement documented. In addition, there is a lack of documentation providing evidence of a formal plan of rehabilitation in addition to facet joint therapy. Therefore, the request for Right Cervical Radiofrequency with Neurotomies to Treat C4-C5 and C5-C6 Facet Joints is not medically necessary.