

Case Number:	CM14-0019414		
Date Assigned:	04/21/2014	Date of Injury:	03/02/2009
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology and Pain Medicine 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 53 year old female who reported an injury on 03/02/2009 secondary to unknown mechanism of injury. The claimant received a medial branch block on 01/03/2014 and reported complete relief of her neck pain. The claimant was evaluated on 01/21/2014 for neck pain rated at a 9/10 radiating down her back. The exam noted the cervical spine range of motion was 90% of normal for extension, right bending, right rotation and left rotation with significant tenderness to palpation to the spinous processes C4-5 and C5-6 without spasm. The exam noted right upper reflexes were absent and left upper is 1+ diminished and bilateral lower reflexes are 1+ and diminished. The diagnoses included chronic pain syndrome, cervical spine radiculopathy, cervical spine degenerative disc disease, and shoulder impingement syndrome and osteoarthritis. The treatment plan included TENS unit a cervical spine rhizotomy at C5-6 bilaterally. The request for authorization dated 01/21/2014 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE RHIZOTOMY AT C5-6, BILATERALLY: 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: 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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The Official Disability Guidelines (ODG) state that facet joint radiofrequency neurotomy treatment requires a diagnosis of facet joint pain. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. In this case, there is a lack of a diagnosis of facet joint pain in the documentation provided. The exam noted radicular symptoms and further noted the diagnosis as radiculopathy. There is also a lack of evidence of adequate diagnostic blocks as the documentation provided fails to indicate the type of solution was used for the injection. Furthermore, there is a lack of evidence of the formal plan for rehabilitation in the documentation provided. Therefore, the request for spine rhizotomy at C5-6, bilaterally is not medically necessary and appropriate.