

Case Number:	CM14-0114019		
Date Assigned:	08/01/2014	Date of Injury:	12/08/2012
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and New York. 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 33 year old male whose date of injury is 12/08/2012. The injured worker is status post C6-7 and C7-T1 facet joint radiofrequency nerve ablation on 08/29/13. The injured worker reported 50% pain relief on follow up note dated 10/30/13. The injured worker was able to reduce Tramadol use. Comprehensive medical-legal evaluation report dated 07/30/14 indicates that pain is rated as 8/10. Current medications are Tramadol, Ambien, sumatriptan, and Tizanidine. On physical examination there is tenderness to palpation over the cervical paraspinal muscles. Cervical range of motion is restricted by pain in all directions. Cervical extension was worse than cervical flexion. Cervical facet joint provocative maneuvers were positive. Strength is 5/5 in all limbs. Sensation is decreased to touch in the right arm. The previous procedure provided 50% relief for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat fluoroscopically guided right C6-C7 & C7-T1 facet joint radio frequency nerve ablation (neurotomy/rhizotomy): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-3014. Decision based on Non-MTUS Citation Official disabilities guidelines.

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: Based on the clinical information provided, the request for repeat fluoroscopically guided right C6-7 and C7-T1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) is recommended as medically necessary. The injured worker underwent prior rhizotomy at the requested levels in August 2013 and reported 50% pain relief for 6 months. The Official Disability Guidelines support repeat procedure with evidence of at least 50% pain relief for at least 12 weeks. Given the injured worker's physical examination findings as well as positive response to prior procedure, the request for repeat procedure is medically necessary.