

Case Number:	CM14-0119601		
Date Assigned:	08/06/2014	Date of Injury:	03/23/2012
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 patient is a 57 year old female who was injured on 03/23/2012. The mechanism of injury is unknown. Prior medication history included Frova, Zofran, Colace, Senna, Famotidine, Ibuprofen, Zomig, Percocet, Restoril, Dexilant, and Lisinopril. Prior treatment history has included radiofrequency neurotomy on the right side C2-C3, C3-C4, C4-C5 and C5-C6 on 03/14/2014 which helped temporarily. Progress report dated 03/26/2014 indicates the patient presented with pain in the face, neck with radiation into both arms. The patient states that she has numbness in her fingertips. She rated her pain as 6/10. Her quality of sleep is affected by the pain. Objective findings on exam revealed range of motion of the cervical spine exhibits flexion limited to 30 degrees, extension limited to 20 degrees due to pain; lateral rotation to the left limited to 45 degrees due to pain and lateral rotation to the right limited to 45 degrees due to the pain. There is paravertebral muscle spasm and tenderness noted bilaterally. There is tenderness along the popliteal fossa as well. She is diagnosed with cervical facet syndrome and headache. Prior utilization review dated 07/01/2014 states the request for Repeat cervical facet rhizotomy right C2-C3, C3-C4, C4-C5, and C5-C6 is denied as there is no documented evidence of the patient's initial response to the first injection; therefore medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat cervical facet rhizotomy right C2-C3, C3-C4, C4-C5, and C5-C6: 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), Neck and Upper back Chapter, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back complaints, Prescribed Pharmaceutical Methods Page(s): 299-301. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.mayfieldclinic.com/PE-FACET.htm#.VA241k0g-Uk>.

Decision rationale: The documentation in this case fails to provide adequate justification for the procedures that were requested. The patient had (at best) what appears to have been a temporary (less than 6 months) with a prior RFA procedure. There is no clear evidence that the patient's complaints were related to an underlying facet arthropathy. There is no evidence to indicate that imaging studies such as oblique cervical radiographs or SPECT imaging studies were done to correlate to the clinical diagnosis of facet arthropathy. The MTUS guidelines do not specifically recommend facet RFA over multiple levels in the cervical spine. However, the guidance offered relating to the lumbar spine is certainly applicable to the current case. There is no evidence that a diagnostic medical branch blocks were done to determine efficacy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not considered to be medically necessary.