

Case Number:	CM14-0124561		
Date Assigned:	08/08/2014	Date of Injury:	06/10/2011
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/06/2014

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 injured worker is a 33-year-old female who reported an injury on 06/10/2011. The mechanism of injury involved repetitive activity. The injured worker is currently diagnosed with carpal tunnel syndrome, cervical spine radiculitis, and rule out cervical spine disc injury. The latest physician progress report submitted for this review is documented on 07/07/2014. Previous conservative treatment includes cervical epidural injections, trigger point injections, cervical radiofrequency neurotomy in 2012, physical therapy, chiropractic therapy, and medication management. The injured worker presented with complaints of shooting pain from the neck into the bilateral upper extremities. Physical examination on that date revealed weakness with bilateral grip strength, positive Tinel's testing, and positive axial compression testing. Treatment recommendations at that time included a permanent and stationary evaluation and a referral to a psychologist. There was no DWC Form RFA submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency bilateral cervical facet at C4-C5, C5-C6 levels under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability guidelines: Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy.

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) Neck & Upper Back Chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is limited evidence that radio frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have a positive response to facet injections. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than 50% relief. The injured worker underwent 2 separate cervical radio frequency neurotomy procedures in 2012. There was no documentation of objective functional improvement for at least 12 weeks following the initial procedures. There is also no documentation of facet joint pain upon physical examination. There is no evidence of a formal plan of rehabilitation in addition to facet joint therapy. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.