MAXIMUS Federal Services

Case Number:	CM14-0134302		
Date Assigned:	08/25/2014	Date of Injury:	01/23/2014
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 Emergency 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:

Patient has a reported date of injury on 1/23/2014. Mechanism of injury is described as a car accident. Patient has a diagnosis of neck pain, lumbar sprain and spondylosis.Medical reports reviewed. Last report available until 7/17/14.Patient complains of neck pain, back pains and R buttock pain. Pain is 5/10.Pain to head and neck is constant. Sharp and burning. Taking Mobic and Tramadol with improvement. Reported L sided C5,6,7 and C8 medial branch blocks done on 7/9/14 with 50% improvement for 5-6 hours.Objective exam reveals tenderness to facet process on left cervical spine. Muscle spasms.MRI of cervical spine(3/20/14) reveals facet degenerative joint disease on left at C7-T1.Patient has completed 24 sessions of physical therapy.Medications include ibuprofen, Tramadol, Norgestimate, Levothyroxine, Xanax, Zyrtec, Valacyclovir, Copace and Albuterol.Independent Medical Review is for Cervical Facet Rhizotomy at Left C5, C6, C7 and C8.Prior UR on 7/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet rhizotomy at the left C5, C6, C7 and C8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back>, <Facet joint radiofrequency neurotomy>.

Decision rationale: There are not specific sections in the MTUS Chronic pain or ACOEM guidelines that related to this topic. ACOEM section is too brief to be able to be used for review.As per Official Disability Guidelines(ODG), Rhizotomy or Facet joint radiofrequency neurotomy is under study with conflicting evidence. There is evidence of some improvement in pain for participation in more active therapy but long term benefit is not proven. ODG has some basic criteria that must be met before recommendation. The primary criteria needed is an actual diagnosis of facet joint pain with a facet joint diagnostic block. Patient fails basic criteria that requires a diagnosis of Facet joint pain via Facet joint diagnostic bloc. The diagnostic block should provide over 70% relief lasting more than 2hours. The patient only had 50% improvement. Since the diagnosis of Facet Joint Pain cannot technically be made due to failed diagnostic block, Cervical Facet Rhizotomy is not medically necessary.