MAXIMUS Federal Services

Case Number:	CM14-0151879		
Date Assigned:	09/19/2014	Date of Injury:	12/27/2005
Decision Date:	11/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational 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 represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for cervical medial branch blocks. In a September 10, 2014 appeal letter, the attending provider stated that medial branch blocks were being sought at the C2 through C4 levels. It was stated that the applicant had a primary complaint of headaches which were ameliorated through earlier C2 through C4 neurotomy procedures. The attending provider stated that he was therefore requesting a repeat of the cervical radiofrequency neurotomy procedure. The attending provider stated that the applicant had tried and failed conservative treatment including pain medications, muscle relaxants, NSAIDs, and physical therapy. It was also stated that the applicant had no evidence of a cervical radiculopathy on earlier electrodiagnostic testing of January 5, 2012, which is notable for borderline carpal tunnel syndrome and/or cubital tunnel syndrome. The attending provider stated that the applicant's primary pain generator was, in fact, axial pain with severe daily headaches. The attending provider stated that the applicant had had earlier cervical radiofrequency neurotomy procedures in February 2014 which were reportedly successful. The applicant's work status was not furnished, however. In an August 20, 2014 progress note, the it was noted that the applicant had multilevel facet degeneration and multilevel cervical facet pathology. Medial branch block neurotomy procedures were sought at the C2 through C4 levels. The applicant's work status, again, was not provided. In an April 1, 2014 progress note, it was stated that the applicant had cervicogenic headaches and discogenic/facetogenic neck pain. The

attending provider acknowledged that the applicant had had earlier cervical epidurals which provided only short-term relief. The August 29, 2014 request for authorization form, the attending provider sought authorization for Exalgo, an opioid agent. In a progress note of the same date, August 29, 2014, the applicant reported persistent complaint of 5/10 neck pain, with associated numbness, tingling, and paresthesias about the left arm. It was stated that the applicant was working full time as a mechanic. The applicant's primary treating provider posited that the applicant had responded favorably to earlier cervical radiofrequency neurotomy procedure. Multiple medications, including Celebrex, Exalgo, Percocet, and testosterone were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch neurotomy at bilateral C2 C3 C4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines ACOEM

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The MTUS/ACOEM Guidelines in Chapter 8, page 174, there is limited evidence that radiofrequency neurotomy procedures may be effective in relieving or reducing cervical facet joint pain among employees who have had a positive response to facet injections. In this case, the attending providers have posited that the employee has achieved lasting analgesia with earlier blocks for a span of several months. The attending provider posited that the employee did achieve 80 to 90% subjective reduction in pain scores for a span of approximately six months. The employee has reportedly maintained full-time work status as a mechanic at the [redacted], the attending providers have posited, reportedly effected through the cervical radiofrequency neurotomy procedure at issue. The employee's successful return to and maintenance of regular duty work status, thus, does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f through earlier radiofrequency neurotomy procedures for diskogenic pain. Pursuing the proposed repeat neurotomy procedures is therefore indicated. Accordingly, the request for cervical medial branch neurotomy at bilateral C2 C3 C4 is medically necessary and appropriate.