

Case Number:	CM14-0159489		
Date Assigned:	10/03/2014	Date of Injury:	07/20/2009
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 37 year-old male who sustained work-related injuries on July 20, 2009. Per May 22, 2014 the injured worker returned to his provider and reported that he underwent a successful lumbar spine radiofrequency neurotomy. His low back has been doing well with no flare-ups. A lumbar examination noted nothing remarkable. Cervical and thoracic spine examination revealed tenderness and spasm including the trapezius and parascapular region. The most recent records dated August 4, 2014 documents that the injured worker continued to await authorization (about eight months) regarding authorization or denial of the requested radiofrequency ablation and neurotomy at C4-5, C5-C6, and C6-7 levels. He had a previously successful procedure performed in 2013. On examination, he continued to reveal pain of the facet. Motion was limited particularly with lateral bending. A magnetic resonance imaging (MRI) scan of the cervical spine performed on June 14, 2011 identified disc desiccation at the C4-C5 level with left greater than right uncovertebral hypertrophy, mild left and minor right foraminal narrowing and mild central canal narrowing. At C5-C6 level, disc desiccation, left greater than right uncovertebral hypertrophy, and mild left foraminal narrowing were noted. Mild central canal stenosis was also identified at this level. At C3-C4 level, mild disc height loss, left greater than right uncovertebral hypertrophy, mild central canal stenosis and minor left greater than right foraminal narrowing was identified. He is diagnosed with (a) cervicalgia, (b) thoracic pain, and (c) low back pain (resolving).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Radio-Frequency and Neurotomy at C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter

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, [Facet joint radiofrequency neurotomy

Decision rationale: According to the criteria for use of facet radiofrequency neurotomy indicates that while repeat neurotomies may be required, they should not be required at an interval of less than six months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at equal to or more than 50% relief. The current literature does not that support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case, the injured worker is noted to have a "successful" prior cervical neurotomy that was performed in 2013. However, the presented documents do not present any of the above mentioned indications that would warrant a repeat cervical spine neurotomy. Hence, due to absence of significant information that would justify the medical necessity for a repeat neurotomy, the medical necessity of the requested repeat radiofrequency neurotomy at C4-C5, C5-6 and C6-7 is not established.