MAXIMUS Federal Services

Case Number:	CM14-0176450		
Date Assigned:	10/29/2014	Date of Injury:	11/13/1995
Decision Date:	12/08/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesiology, and is licensed to practice in Tennesee, North Carolina, and Georgia. 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 female who reported an injury on 11/13/1995; however, her age was not indicated within the medical records. The mechanism of injury was not included in the documentation submitted for review. Her diagnoses were noted as severe mild disc degeneration of the cervical spine with associated muscle spasm, cervicogenic headaches, three to four times a week, multiple prior cervical epidural injections complicated by meningitis, radicular pain to the right forearm extensor muscles and cervical herniated disc. Her past treatments were noted to include physical therapy, approximately 20 cervical epidural steroid injections over the years, medications, acupuncture, shiatsu massage, and Botox injections to the head and neck. Her diagnostic studies were noted to include an EMG/NCV of the upper right extremity, therapeutic facet joint injections under fluoroscopic guidance to C1-C5, four radiographic views of the cervical spine which showed multilevel disc degeneration beginning at C3-4 extending to C7, and at the C4-5 level there was almost no disc space remaining, and mild foraminal narrowing at C4-C5 on the right side. Her surgical history was noted to include a percutaneous lumbar spine discectomy at two levels L4-L5 and L5-S1. The documentation dated 01/19/2012, noted the injured worker continued to complain of headaches and neck pain. Physical exam findings were noted to include severe disk degeneration at multiple levels. Her C3-4 disc was completely deteriorated, and the disc at C4-5 was degenerated by at least 80% with 60% degeneration of the disc below. Her medications were noted to include Celebrex, Soma, Gabapentin and Zomig. A retro request was received for a Cervical Facet Rhizotomies, RT C2-3, C3-4, C5-6 and C6-7 under fluoroscopy for date of service 09/22/2014. The treatment plan or rationale was not included in the documentation submitted for review. The request for authorization was not included within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cervical Facet Rhizotomies, right C2-3, C3-4, C5-6 and C6-7 under fluoroscopy for DOS 9-22-14: 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), Online Edition, Neck & upper back chapter

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 and upper back, Facet joint radiofrequency neurotomy.

Decision rationale: The request for retrospective Cervical Facet Rhizotomies, right C2-3, C3-4, C5-6 and C6-7 under fluoroscopy for DOS 9-22-14 is not medically necessary. The California MTUS/ACOEM guidelines state there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The Official Disability Guidelines note cervical facet radiofrequency neurotomy is recommended for patients with a diagnosis of facet joint pain. One set of diagnostic medial branch blocks is required prior to performing a rhizotomy with a response of 70% with a pain response of approximately 2 hours for Lidocaine with documented improvement in VAS score and documentation of significant objective functional improvement. The guidelines note no more than two joint levels are to be performed at one time and there should be evidence of a formal plan of rehabilitation in addiction to facet joint therapy. The documentation showed the injured worker had received multiple cervical epidural steroid injections and facet joint injections to the requested levels. There was lack of documentation stating a medial branch block was performed at the requested levels with documentation of the injured worker's response to the block including evidence of significant objective functional improvement and decreased pain. The documentation did not provide a recent clinical note with a recent assessment of the injured worker's condition to support the need for cervical facet rhizotomies to the right C2-C3, C3-C4, C5-C6 and C6-C7. Additionally, the request as submitted includes more than 2 levels, which would exceed the guideline recommendations as the guidelines recommend no more than 2 levels be performed at one time. Therefore, the request is not medically necessary.