

Case Number:	CM14-0020359		
Date Assigned:	07/02/2014	Date of Injury:	12/28/2002
Decision Date:	07/31/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 6/22/13 PR-2 notes pain in the neck and upper back with report of completed C5, C6, C7 medial branch nerve RF on the right on 2/7/13 and on the left on 2/14/13. Headache was reported to have improved well. Neck pain was reported to be doing well. Examination note negative facet loading maneuvers. 9/11/13 note indicates increased neck and back pain. RF neurotomy is reported to be "repeated at approximately 9-12 month intervals with management of dizziness, headaches, neck, shoulder and upper back pain. Pain levels have returned to their prior (march 2012) levels. Examination noted negative facet loading maneuvers. 12/5/13 note indicates pain has returned in the neck. There are positive facet loading maneuvers on examination in the cervical spine. It is reported that the injured worker had 70% relief of pain for 8 months with near complete relief of headaches and dizziness for 8 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY NEUROTOMY RIGHT FOLLOWED BY LEFT, C5-6, QTY: 1:

Overtured

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck Page(s): 300.

Decision rationale: The medical records provided for review support the insured had 70 % improvement in pain for 8 months. MTUS supports RFA of facet joint for insured with demonstrated 70 % or greater pain improvement for 6 months or greater with physical exam findings supportive of facet pain which is demonstrated for the noted insured. The request is medically necessary.

RADIOFREQUENCY NEUROTOMY RIGHT FOLLOWED BY LEFT, C6- 7, QTY: 1:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck Page(s): 300.

Decision rationale: The medical records provided for review support the insured had 70 % improvement in pain for 8 months. MTUS supports RFA of facet joint for insured with demonstrated 70 % or greater pain improvement for 6 months or greater with physical exam findings supportive of facet pain which is demonstrated for the noted insured. The request is medically necessary.