

Case Number:	CM14-0025543		
Date Assigned:	06/11/2014	Date of Injury:	05/01/1997
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation 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 48 year old female who reported an injury on 08/01/1997 of unknown mechanism of injury. The injured worker had a history of upper and lower back pain along with neck pain that radiates to left arm, left foot, left thigh and right foot, with a diagnosis of degenerative disc disease of the lumbar, myalgia and myositis unspecified, facet arthropathy, pain involving the ankle, foot, lower back, shoulder region, cervical radiculopathy. The injured worker had a cervical fusion in 2007 and an electromyogram study on 02/03/2014 for complaints of neck and left arm pain with weakness. The chart notes dated 11/05/2013 reveal the injured worker's pain is 7/10 with medication and 9/10 without pain medication using the numeric intensity pain scale her medications include Norco 10mg/325mg one every 4-6 hours, trazodone hcl 50mg 1-2 every night, Duragesic patch 12 mcg apply 1-2 patches every 48 hours, taper as tolerated. The cervical spine evaluation reveals deltoid patch right normal and left decreased, lateral forearm of the right side normal and of the left side decreased, middle finger on the right side normal and the left side decreased. Musculoskeletal is positive for back and joint pain and negative for joint swelling, muscle weakness and neck pain. Neuro exam is positive for numbness and weakness in extremities. The treatment plan includes medication management and radiofrequency C2-3 with third occipital nerve block. The authorization dated 06/11/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY C2-3 WITH THIRD OCCIPITAL NERVE BLOCK: Upheld

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

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.

Decision rationale: The Official Disability Guidelines indicate that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The Official Disability Guidelines recommend that there should be no evidence of radicular pain, spinal stenosis or previous fusion. If successful the recommendation is to proceed to the medial branch block and subsequent neurotomy, if the medial branch block is positive. If prolonged evidence of effectiveness is obtained after at least number therapeutic block, there should be consideration of performing a radiofrequency neurotomy. The documentation provided was not evident that a medial branch block was performed at the C2-3 region. The documentation did not address any prior medial branch blocks to the cervical spine or address if the injured worker had a radiofrequency to the cervical spine. The documentation was not clear if any rehabilitation was planned for the injured worker. The injured worker is noted in the 02/03/2014 chart notes to have had a diagnosis of cervical radiculopathy and therefore is not recommended.