

Case Number:	CM14-0027020		
Date Assigned:	07/16/2014	Date of Injury:	06/30/2000
Decision Date:	08/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/04/2014

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:

This patient is a 57 y/o female, DOI 6/30/2000. She developed chronic cervical problems and had a C3-C7 cervical fusion. She continues to have severe neck pain with radicular symptoms. The last MRI revealed advanced spondylosis with a likely C7 nerve root impingement. Included in her pain syndrome are severe chronic headaches. Historically she has received occipital radiofrequency neurotomies on an annual basis. The patient has written a letter documenting effectiveness for her that lasts for upwards of 9 months. There are no records for review that allow for an adequate assessment of diminished medication use when the neurotomies are provided. AME evaluations have documented success from the neurotomies. It is documented that the facet blocks are requested due to the denial of the occipital neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

left cervical medial branch block at C2-C3, C3-C4 under fluoroscopic guidance with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 medical branch blocks.

Decision rationale: MTUS/ACOEM Guidelines do not address this issue. ODG Guidelines do address this issue and do not recommend facet nerve blocks for headache pain which is the primary reason for requesting the procedure. In addition, it is documented that the facet medical branch blocks are requested only due to the occipital neurotomies denial. The occipital neurotomy denial is recommended to be over turned. The C2-4 right and left facet medical branch blocks are not medically necessary.

right cervical medial branch block at C2-C3, C3-C4 under fluoroscopic guidance with anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 medial branch blocks.

Decision rationale: MTUS/ACOEM Guidelines do not address this issue. ODG Guidelines do address this issue and do not recommend facet nerve blocks for headache pain which is the primary reason for requesting the procedure. In addition, it is documented that the facet medical branch blocks are requested only due to the occipital neurotomies denial. The occipital neurotomy denial is recommended to be over turned. The C2-4 right and left facet medical branch blocks are not medically necessary.

Bi-lateral occipital nerve radiofrequency: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Other Medical Treatment Guideline or Medical Evidence: Online web base, unitedhealthcare online icogenic Headache.

Decision rationale: The patient and independent evaluators (AME) have documented pain relief with the prior neurotomies. MTUS Guidelines and ODG Guidelines do not address this specific procedure. Other insurers have varying policies with approval by some and it is considered experimental by others. It would be reasonable to address this similar to what MTUS Guidelines do for another procedure that has questionable usefulness i.e. epidural and/or trigger point injections. The procedure is allowed but there has to be 50% or more improvement in pain for at least a couple of months and there has to be objective functional improvements and diminished use of pain medications. It would be reasonable that these standards are communicated with the provider and patient before any future neurotomies are considered. Approval of the requested bilateral occipital radiofrequency neurotomy is medically necessary.