MAXIMUS Federal Services

Case Number:	CM14-0028439		
Date Assigned:	06/16/2014	Date of Injury:	06/25/2001
Decision Date:	08/04/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery and is licensed to practice in Texas, Montana and Tennessee. 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 55-year-old female who reported an injury on 06/20/2001. The mechanism of injury was not provided. On 02/07/2014, the injured worker presented with pain to the right side of the neck. The injured worker had a previous cervical facet block to the right C2, C3, and C4 and bilateral occipital block done on 01/08/2014 and reported 100% of pain reduction for 3 weeks. Past medical treatment also included acupuncture, chiropractic treatment, discogram, epidural steroid injection, facet joint injections, heat and ice treatment, massage therapy, physical therapy, TENS, trigger point injections, and medications. Upon examination of the cervical spine, there was tenderness to palpation over the right occipital region, left occipital region, right upper cervical facets, right mid cervical facets, right lower cervical facets, right upper paravertebral spasm, right trapezius spasm, and left trapezius spasm. There was right sided neck pain with left lateral rotation decreased after facet blocks with tenderness. Diagnoses were myospasm, cervical radiculitis, and post laminectomy syndrome of the cervical. The provider recommended a cervical right C2, C3, and C4 radiofrequency since the injured worker had an excellent reduction of pain for 3 days after the medial branch block. The request for authorization form is dated 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL RIGHT C2, C3 AND C4 RFTC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment in Worker's Compensation, Neck Facet Radiofrequency Blocks.

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 Radio Frequency Neurotomy.

Decision rationale: The request for CERVICAL RIGHT C2, C3 AND C4 RFTC is not medically necessary. The Official Disability Guidelines state the criteria for use of a cervical radiofrequency neurotomy include treatment requires the diagnosis of facet joint pain; approval depends on adequate diagnostic blocks, documented improvement in VAS scores, and documented improvement in function; no more than 2 joint levels to be performed at 1 time; and evidence of a formal plan of rehabilitation in addition to facet joint therapy. The injured worker had a cervical facet block on the right C2, C3, and C4 along with bilateral occipital block done on 01/18/2014. The injured worker reported 100% relief of pain for the first 48 hours and good reduction of pain for 3 weeks following. The included medical documentation does not mention functional status resulting from the initial block to include a reduction of medication or specific improvements on physical examination or activities of daily living. Additionally, there has not been a presented formal plan of rehabilitation. As such, the request for CERVICAL RIGHT C2, C3 AND C4 RFTC is not medically necessary.