

Case Number:	CM14-0043096		
Date Assigned:	07/02/2014	Date of Injury:	11/18/2010
Decision Date:	09/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/13/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 45-year-old female with a date of injury on 11/18/2010. Diagnoses include cervicogenic headaches, multilevel cervical degenerative disc disease, cervical stenosis, and cervical radiculopathy. Subjective complaints are of pain in the upper back, posterior neck and headaches. Physical exam of the cervical spine shows neck tenderness bilaterally, tenderness in the right C2-3 region, and limited range of motion. Patient received a right C2-3 facet joint injection. The patient's pain diary was referenced which indicated 0/10 for 7-8 hours status post injection, that then increased to 1-2/10 then up to 2/10 2 days later. More than 90 % pain relief was reported. Records indicate that patient has multi-level disc disease, for which she does not want to proceed with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right third occipital nerve and C3 deep median branch radiofrequency neurotomy:

Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Cervical, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, FACET RADIOFREQUENCY NEUROTOMY.

Decision rationale: The ODG states that cervical facet joint radiofrequency neurotomy is under study. This treatment requires a diagnosis of facet joint pain (non-radicular cervical pain), adequate diagnostic blocks, and a formal plan of rehabilitation. The ODG states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Treatment requires a diagnosis of facet joint pain. Criteria for diagnostic blocks include one set of diagnostic medial branch blocks are required with a response of 70%. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. For this patient, submitted documentation indicates multiple cervical pathologies of which many symptoms are consistent with a diagnosis of facet joint pain. This was confirmed by cervical medial branch blocks therefore, the medical necessity of a radiofrequency neurotomy is medically necessary.