

Case Number:	CM14-0044833		
Date Assigned:	07/02/2014	Date of Injury:	12/10/1998
Decision Date:	08/27/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 50-year-old gentleman who was reportedly injured on December 10, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 14, 2014, indicates that there are ongoing complaints of low back pain and cervical spine pain. Current medications include OxyContin, Norco, Neurontin, Prozac, Wellbutrin and Requip. The physical examination demonstrated articular pillar and trapezius muscle tenderness. Spasms were noted along the paraspinals muscles and trapezius. There was decreased range of motion in the cervical spine. There was an absence of right biceps, triceps, and brachioradialis reflex. A Toradol injection was provided. Cervical median branch neurotomies were planned. Diagnostic imaging studies were not discussed during this appointment. Previous treatment includes a cervical fusion at C4/C5 and C5/C6, chiropractic care, facet joint blocks, and occipital nerve blocks. A request was made for right cervical median branch block neurotomies and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Medial Branch Neurotomies no level specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index 11th Edition (web0 , 2013, Neck & Upper Back, Fact 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 and Upper Back, Facet Joint.

Decision rationale: According to the Official Disability Guidelines the criteria for a cervical facet radiofrequency neurotomy requires diagnosis of facet joint pain with facet joint block. The injured employee did receive these blocks and was reported to have excellent pain relief. However, the criteria also specify that no more than two joint levels should be performed at one time. This request does not specify which, or how many, levels are requested. Without this information this request for right sided cervical medial branch neurotomies is not medically necessary.