

Case Number:	CM14-0054489		
Date Assigned:	07/07/2014	Date of Injury:	02/10/2011
Decision Date:	08/07/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/23/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 28 year old with an injury date on 2/10/11. After her whiplash injury, patient complains of chronic nonradicular neck pain that is a low-grade aching with multiple acute flares per 3/27/14 report. The patient's pain, functionality, and medication has remained unchanged, and patient has stayed unresponsive to physical therapy and NSAIDs per 3/27/14 report. Based on the 3/27/14 progress report provided by the treating physician the diagnoses are cervical spondylosis with myelopathy, chronic pain syndrome, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and lumbar s/s. The exam of the cervical spine on 3/27/14 showed left greater than right facet tenderness C-2,3,4 facet joints, pain with lateral rotation right and left and with extension. The range of motion is normal. Spurling's sign negative. Neurological: motor has no spasticity, no cogwheeling. Normal coordination. The treating physician is requesting radio frequency cervical facet nerves C2-3, C3-4. The treating physician is the requesting provider, and he provided treatment reports from 10/4/13 to 3/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency (RF) left cervical facet nerves C2-3, C3-4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip chapter: Sacroiliac Joint Radio Frequency Neurotomy.

Decision rationale: This patient presents with neck pain. The treating physician has asked for radio frequency cervical facet nerves C2-3, C3-4 on 3/27/14. The review of the report shows no history of spine surgery. The patient had a diagnostic facet nerve block covering the upper two left cervical facet joints on 2/20/14 with no pain for 4 hours following injection. For radio frequency neurotomy of C-spine, ACOEM gives mixed results, but recommends for select patients who have failed conservative modalities and have positive results with diagnostic nerve blocks, including functional recovery over the expected duration of the anesthetic agent indicative of facet-mediated pain. In this case, the patient exhibits tenderness in the facet joints, has nonradicular back pain, and has responded positively to a diagnostic facet block. The requested radiofrequency ablation to C2-C3 and C3-C4 is indicated for this patient's condition. Recommendation is for authorization. As such, the request is medically necessary.