MAXIMUS Federal Services

Case Number:	CM14-0056188		
Date Assigned:	07/09/2014	Date of Injury:	05/24/1995
Decision Date:	08/28/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 Srugery 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:

This 64-year-old female has a date of injury of 5/18/1995. The patient was seen on 8/7/2013 complaining of global head, upper neck and arm symptoms, with tingling and numbness into the hands. She had a medial branch block on 4/16/2013 bilaterally at C3-C4 and C5 and she got 50% good relief. It also mentions she had an anterior fusion from C4-C7. The provider states she has exhausted physical therapy, previous injections, non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, pain medication, pain management, and surgery. He feels her only option is to have another medial branch block with prospects of doing a cervical rhizotomy. There is no physical examination. But there is mention that previous muscle testing was 5/5 and the Hoffmann is negative and there is no clonus. Progress note of 11/25/2013 states the patient is doing poorly. She is now having trouble with her walking routine. The Celebrex is not helping. The progress note of 4/14/2014, again states the patient is doing poorly and she is struggling to resume her regular walking routine. She has started taking opioids in order to simply function. Request is again put in for cervical rhizotomy on the right from C2-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cervical rhizotomy C2-C5 as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, facet injections, facet joint radiofrequency neurotomy.

Decision rationale: The ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG criteria for radiofrequency neurotomy requires a diagnoses of facet joint pain established with a diagnostic facet joint block which gives 70% relief of pain. No more than 2 level scan be performed at one time. There is a formal plan of rehabilitation in addition to the facet joint therapy. This patient had a 50% relief of pain with the diagnostic medial branch block injection. There are plans to do a 3 level rhizotomy from C2-C5. There is documentation that the patient has exhausted all rehabilitative options and no plan for further rehabilitation has been put forth. Therefore, the medical necessity for a cervical rhizotomy has not been established.