

Case Number:	CM14-0069942		
Date Assigned:	07/14/2014	Date of Injury:	04/06/2004
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 American Board of Family Practice 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:

This is a 42-year-old male claimant sustained an injury on 4/6/04 involving the cervical spine and upper extremities. He was diagnosed with cervicgia, lumbago and displacement of the lumbar intervertebral disks. An MRI of the cervical spine in July 2013 showed canals stenosis at C-5 - C6 and foraminal narrowing at C6 - C7 . He had previously undergone cervical decompression and foraminotomy. He had also received cervical nerve blocks and physical therapy. A progress note on November 25, 2013 indicated the claimant did not need cervical spine surgery but would benefit from additional cervical nerve blocks. His pain had been managed with opioids, muscle relaxants and benzodiazepines. A progress note on March 25, 2014 indicated the claimant had continued neck pain with difficulty sleeping. The cervical spine exam showed tenderness of the paracervical muscles, painful range of motion and increased pain with axial loading. Treating physician recommended radiofrequency Neurotomy of the right cervical medial branch nerves, a urine drug screen and 12 post operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency neurotomy: right C4, C5, C6, C7 medial branch nerves: Upheld

Claims Administrator 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, Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck pain and pg.

Decision rationale: The MTUS and ACOEM guidelines do not comment on radiofrequency Neurotomy. According to the ODG guidelines, the criteria for intra-articular and medial branch blocks include no history of prior fusion, radicular pain or stenosis. No more than 2 levels recommended at a time and no more than one block. The treatment is temporary and may require several treatments a year. The request above is for several levels and there is a history of prior cervical spine surgery. The request above for a cervical radiofrequency Neurotomy is not medically necessary.

12 post procedure Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The MTUS and ACOEM guidelines do not comment on radiofrequency Neurotomy. According to the ODG guidelines, the criteria for intra-articular and medial branch blocks include no history of prior fusion, radicular pain or stenosis. No more than 2 levels recommended at a time and no more than one block. The treatment is temporary and may require several treatments a year. The request above is for several levels and there is a history of prior cervical spine surgery. The request above for a cervical radiofrequency Neurotomy is not medically necessary.

1 Urine drug screening (scheduled: 4/22/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health Systems Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 93-91.

Decision rationale: A toxicology screening is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history, a urine toxicology screen is not medically necessary.