

Case Number:	CM14-0078522		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2001
Decision Date:	08/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Surgery, 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 injured worker is a 59 year old male whose date of injury is 11/13/2001. On this date the injured worker stepped on a partition chain, slipped and fell. Treatment to date includes right carpal tunnel release, ulnar nerve decompression right elbow, right shoulder arthroscopy, Botox injections, physical therapy and traction. The injured worker is noted to be status post radiofrequency ablation right C4-6 with temporary improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for Cervical Medial Branch Block, Facet Rhizotomy- Right Side C5-7, and C7-T1:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Integrated Treatment.

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: Based on the clinical information provided, the request for consult for cervical medial branch block, facet rhizotomy-right side C5-7, and C7-T1 is not recommended as

medically necessary. There is no current, detailed physical examination submitted for review. The injured worker's objective, functional response to prior procedures is not documented to establish efficacy of treatment. The request is excessive as the Official Disability Guidelines note that the procedure should not be performed at more than two levels. Given the current clinical data, the request is not in accordance with the Official Disability Guidelines, and medical necessity is not established.