

Case Number:	CM14-0092532		
Date Assigned:	07/25/2014	Date of Injury:	08/29/2013
Decision Date:	09/23/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 37-year-old gentleman was reportedly injured on August 29, 2013. The mechanism of injury is noted as a suitcase falling from the overhead bin on an airplane hit him on the head. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of neck pain radiating to the left arm and the left little finger as well as headaches. The physical examination demonstrated decreased cervical spine range of motion without radiation to the left upper extremity. There was tenderness over the left sided cervical facet joints and a normal upper extremity neurological examination. Diagnostic imaging studies of the head and the brain were normal. A magnetic resonance image the cervical spine revealed congenital spinal stenosis due to short pedicles and additional stenosis CNET C3 - C4 and C6 - C7 with and Roche meant on the exiting left-sided C5 and C6 nerve. Previous treatment includes medial branch blocks at C3 - C4, C4 - C5 and C5 - C6, physical therapy for cognitive dysfunction, and vestibular rehabilitation. A request had been made for left-sided cervical spine radiofrequency ablation at C4 - C5 and C5 - C6. And was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Radiofrequency C4/5 and C5/6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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 Radiofrequency Neurotomy, Updated August 4, 2014.

Decision rationale: Although the injured employee had excellent pain relief from the previous medial branch blocks, the Official Disability Guidelines states that a subsequent facet joint radiofrequency neurotomy should not be performed within six months of this initial procedure. According to the attach medical record medial branch blocks were performed on April 29, 2014. Considering this, this request for a facet joint radiofrequency neurotomy at C4 - C5 and C5 - C6 is not medically necessary at this time.