MAXIMUS Federal Services

Case Number:	CM14-0093259		
Date Assigned:	07/25/2014	Date of Injury:	10/22/2013
Decision Date:	09/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 50-year-old female who reported an injury on 10/22/2013. She was working in a classroom setting when she was involved in an altercation, holding a combative student down. On 01/30/2014 the injured worker presented with ongoing neck and upper back symptoms. Upon examination there was cervical and thoracic muscle tightness. The diagnoses were cervical spondylosis, cervicalgia, neck sprain anterior longitudinal, and cervical atlanto axial joint. An MRI performed on 12/17/2013 noted C6 to C7 posterior disc bulge that does not cause significant central canal or neuro foraminal stenosis. Prior therapy included cervical facet injection, medications, and physical therapy. The provider recommended a rhizotomy from C4-5 and C5-6 facet injection with pain management physician, the provider's rationale was not provided. The Request for Authorization form was dated 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy C4-5, C5-6 Facet Injection with Pain Management Physician: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Decision rationale: The request for a rhizotomy C4-5, C5-6 facet injection with pain management physician is non-certified. The Official Disability Guidelines state that facet rhizotomy is under study. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. Criteria for the use of a cervical radiofrequency rhizotomy include: treatment requires a diagnosis facet joint pain, there must be evidence of adequate diagnostic blocks documented by improved VAS scores and improvement in function, no more than 2 joint levels are to be performed at 1 time, and there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. There is lack of evidence of an adequate diagnostic block with documented improved VAS scores and documented improvement in function. There is no evidence of a formal plan of rehabilitation in addition to facet joint therapy. As such, the request is non-certified.