

Case Number:	CM13-0026268		
Date Assigned:	03/03/2014	Date of Injury:	12/12/1999
Decision Date:	05/05/2015	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 50-year-old female who sustained an industrial injury on 12/12/1999. Diagnoses include cervical spondylosis with associated cervicogenic headaches. Treatment to date has included medications, injections, facet nerve rhizotomies and home exercise program. Diagnostics performed to date included MRIs and discogram. According to the progress report dated 8/16/13, the IW reported ongoing debilitating neck pain associated with cervicogenic headaches; previous facet nerve ablations at C4, C5 and C6 provided six months of pain relief. A request was made for right cervical rhizotomies at C4, C5 and C6 as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CERVICAL RHISOTOMY AT C4, C5 AND C6, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER CERVICAL AND THORACIC SPINE DISORDERS, TABLE 2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck and Upper Back: Topic: Facet joint radiofrequency neurotomy.

Decision rationale: ODG guidelines indicate that facet joint radiofrequency neurotomy is under study. There is conflicting evidence which is primarily observational 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. The criteria for use of cervical facet radiofrequency neurotomy include no more than 2 joint levels are to be performed at one time. There should be a plan for rehabilitation in addition to the facet joint therapy. The treatment requires evidence of recent successful medial branch blocks. The request as stated is for 3 level rhizotomies. There is no documentation of recent successful medial branch blocks. As such, the request for radiofrequency rhizotomy of the facet joints at C4, C5, and C6, on the right side is not supported and the medical necessity of the request has not been substantiated.