

Case Number:	CM14-0189149		
Date Assigned:	11/20/2014	Date of Injury:	06/11/2011
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 46-year-old female who reported an injury on 06/11/2011. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine sprain with disc bulging, cervical facet arthropathy from C2 to C6, lumbar sprain with facet arthropathy, and sacroiliac joint arthropathy. The injured worker presented on 09/22/2014 with complaints of 4/10 pain in the cervical spine. The injured worker is status post cervical facet diagnostic block with 2 full hours of relief followed by a return of symptoms. Physical examination revealed 50 degree forward flexion, 50 degree extension, 40 degree lateral bending, 70 degree rotation, facet tenderness at C3 through C6, mild paracervical muscle spasm, positive axial compression test, positive foraminal compression test, and 1+ pain at the suprascapular nerve area. Treatment recommendations included a radiofrequency facet ablation at C4-5 and C5-6 as well as continuation of Celebrex 200 mg and home exercise. A Request for Authorization form was then submitted on 10/03/2014. It is noted that the injured worker underwent an MRI of the cervical spine on 09/11/2012 which revealed a 1 to 2 mm disc herniation/osteophyte complex with partial narrowing of the thecal sac at C2 through C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. The injured worker has also utilized this medication since 05/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Cervical percutaneous stereotactic Radiofrequency rhizotomy under C-arm fluoroscopy @ C4-5, C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, pages 300-301 and ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Radiofrequency Neurotomy

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who have had a positive response to facet injections. The Official Disability Guidelines state prior to a facet joint radiofrequency neurotomy, there should be a diagnosis of facet joint pain. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. According to the documentation provided, the injured worker underwent cervical facet differential diagnostic block at C2-3, C3-4, and C4-5 on 07/23/2014. There is no documentation of objective functional improvement. Therefore, the current request for a radiofrequency rhizotomy cannot be determined as medically appropriate at this time.