

Case Number:	CM14-0191200		
Date Assigned:	11/25/2014	Date of Injury:	08/19/1993
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Allergy & Immunology and is licensed to practice in Florida. 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 68-year-old male who reported an injury on 08/19/1983. The mechanism of injury was cumulative trauma. His diagnoses included cervical disc disease, cervical radiculitis, cervical stenosis, and lumbar disc disease. His past treatments included medications and unspecified number chiropractic sessions. Diagnostic studies included a cervical spine MRI performed on 04/03/2014 which revealed a disc bulge measuring 1.5 mm at the C6-7 level, mild degenerative listhesis of the C6 on the T1, and facet changes, most prominent at the C5-6 level. The progress note dated 10/06/2014 indicated the injured worker complained of constant moderate to severe cervical pain. Physical examination of the cervical spine revealed tenderness to palpation over the cervical facets, with cervical range of motion of flexion to 20 degrees, extension to 15 degrees, and right and left lateral bend both to 10 degrees. It was also noted that muscle strength was rated 5/5 throughout the upper extremities, with sensation intact to light touch. His current medications were noted to include Norco 10/325 mg 1 every 6 hours as needed for pain and meloxicam 7.5 mg once a day. The treatment plan included continued medications and a recommendation for facet rhizotomy. The request was for a facet rhizotomy to the C5-6. However, the rationale for the request and the Request for Authorization Form were not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet rhizotomy C5-C6: Upheld

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

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 California MTUS/ACOEM Guidelines do not specifically address facet joint radiofrequency neurotomy (facet rhizotomy). The Official Disability Guidelines indicate facet joint radiofrequency neurotomy is under study. There is conflicting evidence, which is primarily observational, available as to the efficacy of this procedure, and approval of treatment should be based on a case by case basis. Studies have not demonstrated improved function. This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. The criteria for the use of cervical facet radiofrequency neurotomy include a required diagnosis of facet joint pain, and approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in visual analog scale score, and documented improvement in function. The guidelines also indicate that there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The documentation provided for review failed to indicate the required diagnosis of facet joint pain. Documentation also failed to provide evidence of prior diagnostic blocks, improvement in visual analog scale score or documented objective improvement in function. Additionally, there is also a lack of documentation to evidence a formal plan for rehabilitation in conjunction with facet joint therapy. There is a lack of clinical documentation to support guideline recommendations for the request. As such, the request for facet rhizotomy C5-C6 is not medically necessary.