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| Case Number: | CM14-0201198 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 05/05/2011 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 51 year old male with an injury date of 05/05/11. Per the 10/21/14 report, the patient presents with constant neck, right trapezius and interscapular pain with radiation into the scalp rated 6/10. Examination per the 11/11/14 report states Spurling's maneuver elicited posterior neck and occipital pain. There is tenderness to palpation at the greater occipital nerve bilaterally right greater than left at C2-C3, C3-C4, and C4-C5. The patient's diagnoses include:

1. Right C2-C3, C3-C4 and C4-C5 facet arthropathy with facet syndrome
2. Left C5-C6 degenerative disc disease with protrusion.

The 11/11/14 report states the patient felt more than 75% pain relief for one day following medical branch block on 10/24/14, and the treater is requesting for a Rhizotomy C3, C4, and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with constant neck, right trapezius and interscapular pain with radiation into the scalp. The current request is for Epidurography Quantity: 1. Diagnostic Epidurography is performed to assess the structure of the epidural space in the spine. The report requesting this procedure is not found in the medical records provided. The Request for Authorization (RFA) is not included and the 11/25/14 utilization review does not discuss the date of the request. The 11/11/14 report requests for C3, C4 and C5 Rhizotomy, but does not discuss Epidurography. MTUS and ODG do not specifically discuss Epidurography. This request is in the context of an approved request for Right Cervical Rhizotomy C3, single level and C4 and C5 additional levels with fluoroscopy guidance and anesthesia. The treater does not discuss Epidurography or the specifics of the procedure in the reports provided. The criteria for facet joint radiofrequency neurotomy as outlined in the ODG guidelines Neck and Upper Back chapter does not indicate that the epidural space requires identification for a facet procedure. While it is common for physician to perform RFA procedures under fluoroscopy to identify proper placement of the needle, an Epidurography is not required as it is not medically necessary to identify the epidural space. The current request for Epidurography is not medically necessary.