

Case Number:	CM15-0001946		
Date Assigned:	01/13/2015	Date of Injury:	04/22/2013
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 4/22/2013. The mechanism of injury was not described. She has reported neck pain, described as burning numbness across her dorsal shoulders and radiating into arms, right suboccipital pain, dizziness, and tightness of her neck. The diagnoses have included vertigo, cervical spondylosis without myelopathy, myofascial pain syndrome, headache, and diabetes. Treatment to date has included conservative measures, including a right third occipital nerve medial branch block on 11/20/2014, which gave her 75% relief of her neck and headache pain, lasting 4-5 hours. She then had return of 100% of her symptoms. Currently, the injured worker complains of neck pain, rated 8/10 on VAS. Her pain is worsened by turning head and relieved by chiropractic adjustments and massage. It was associated with headache, occipital and bilateral, and vertigo. Medications included Norco, Antivert, Tizanidine, and Promethazine. A CURES report, 11/04/2014, was reported as positively appropriate. A magnetic resonance imaging report of the left shoulder, dated 11/07/2014, showed no evidence of rotator cuff tear and suspected degeneration and tendinosis of the supraspinatus. The treating physician note dated 12/03/2014, referenced shoulder and cervical / brain magnetic resonance imaging results as not available. The treating provider note dated 12/4/2014 indicates decreased range of motion in the neck and vertigo. Also, patent has spasm noted in her neck and Positive impingement test left shoulder. On 12/22/2014, Utilization Review non-certified a request for right C2-3 third occipital RF (radiofrequency) neurotomy, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C2-3 Third Occipital RF Neurotomy x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, and 300. Decision based on Non-MTUS Citation Neck and upper back chapter

Decision rationale: The MTUS Guidelines do not specifically address Neurotomy so the Official Disability Guidelines (ODG) and the ACOEM were consulted. The ACOEM Guidelines point out the paucity of research available to support the use of cervical neurotomy after positive response to facet blocks, but ultimately recommends cervical neurotomy as an option for short term relief of cervical pain. No specifics are provided in the ACOEM. While the ODG does not specifically recommend for or against cervical neurotomy due to ongoing research, Per the ODG, specific criteria must be met for approval of cervical neurotomy including: 1) Diagnosis of facet joint pain. 2) Evidence of adequate attempt at diagnostic facet blocks with Improvement in visual analog scale scores and Improvement in function. 3) No more than 2 levels treated at one time. 4) If treating 2 regions, should be performed at least 1 week apart, 2 weeks apart preferred. 5) Facet joint therapy should be accompanied by a comprehensive rehabilitation plan. 6) Repeat neurotomy, if required, should not be performed more often than every 6 months. Repeat neurotomy only indicated if initial neurotomy achieves 12 weeks of 50% or more relief of symptoms. For the patient of concern, there is documentation of a trial medial branch block right 3rd occipital nerve to right C2-C3 facet joint that provided 75% relief for 4-5 hours with no documentation of lasting relief of pain or any change in function. The records indicate patient is completing a course of physical therapy (site not specified), but there is no documentation that the physical therapy or any other component of rehabilitation program is planned for the cervical region in conjunction with the planned neurotomy. Based on the above information in the record, the patient has not met the criteria to proceed with cervical neurotomy. The request for cervical neurotomy is not medically indicated.