MAXIMUS Federal Services

Case Number:	CM15-0002332		
Date Assigned:	01/13/2015	Date of Injury:	04/06/2004
Decision Date:	03/13/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on 4/6/04. On 1/9/15, the injured worker submitted an application for IMR for review of left C4, C5 and C6 medial branch nerve radiofrequency neurotomy of joint levels, at [redacted] (between 11/6/14 and 3/4/15), and urine drug screening (scheduled 12/3/14). The provider has reported IW's complains of neck pain, decreased ROM in the neck, tenderness over the bilateral neck facets, low back pain radiating to right lower extremity. The diagnoses include cervical degenerative disk disease, spondylosis, lumbar degenerative disk disease, L5-S1 annular fissure and broad-based disc herniation, right greater trochanteric bursitis/tendonitis and fascia lata syndrome. Treatment to date has included status post right cervical foraminotomies C5-C6 and C6-C7 posterior approach, right C4-5, C5-6 and C6-7 facet radiofrequency neurotomy, left mid to lower cervical facet arthropathy treated with left C4-5 and C5-6 facet injections, MRI lumbar spine (5/25/2010), MRI cervical spine (7/2/2013), pain management, medication. There was documentation of 80-90% reduction in pain, decreased headache, increased range of motion and reduction in medication utilization following left C4, C5 and C6 facet injections. The medications listed are Norco, Xanax, Lexapro and Flexeril. The UDS from 9/11/2014 was consistent with prescribed opioids. On 12/6/14 Utilization Review non-certified a left C4, C5 and C6 medial branch nerve radiofrequency neurotomy of joint levels, at [redacted] (between 11/6/14 and 3/4/15), and urine drug screening (scheduled 12/3/14). The ACOEM Guidelines and ODG for Chronic Pain were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left C4, C5, C6 medial branch nerve radiofrequency neurotomy of joint levels: left C4-5, C5-6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Pain Chapter Neck and Upper Back Facet Nerve Procedures

Decision rationale: The CA MTUS did not address the use of cervical facet nerve procedures for the treatment chronic cervical facet syndrome. The ODG guidelines recommend that cervical facet radiofrequency neurotomy can be utilized following significant response following facet injections. The records indicate there was report of significant pain relief, reduction in medication utilization, decreased headache and improved range of motion following the left C4,C5 and C6 facet injections. There is documentation of significant results following a prior right cervical facet radiofrequency neurotomy. The criteria for one left C4,C5 and C6 medial branch nerve radiofrequency neurotomy of joint levels left C4-5, C5-6 was met.

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Criteria for use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compliance monitoring with random urine testing can be initiated at the initiation and continued at random intervals during chronic opioids treatment. The patient is on chronic medications, treatments with opioids and other sedative medications. The records indicate that the UDS September 2014 was consistent with prescribed opioids. There is no documentation of aberrant medications behavior or adverse effects. The criteria for UDS was met.