

Case Number:	CM15-0008911		
Date Assigned:	01/26/2015	Date of Injury:	08/03/2000
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 08/03/2000. The mechanism of injury was not provided. The documentation of 12/04/2014, revealed the injured worker had been doing quite well. The documentation indicated the injured worker reported performing a lot of work with her head forward, and the injured worker developed increased pain in her right cervical region, into the right upper shoulder and a little bit down the arm. The documentation indicated when the injured worker previously had this symptomatology, the injured worker did exceptionally well with facet blocks and radio frequency. This was noted to be predominantly right sided and it was recommended the injured worker have a right sided C3-4, C4-5 facet block to see if they could reverse the trend. The injured worker's medications included diclofenac gel, Lidoderm, and Prilocaine topically, vitamin B complex, Biotin, and bupropion 75 mg. The injured worker had multiple other medications including duloxetine 60 mg, and dexlansoprazole dextrose. There were 26 medications in all. The physical examination revealed tenderness in the right C3-4 and C4-5 distribution. The diagnoses included cervical facet spondylosis, and the request was made for a right sided C3-4 and C4-5 facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4, C4-5 Facet Block Under Fluoroscopy: Upheld

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

MAXIMUS 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) Neck & Upper Back Chapter, Facet Joint radiofrequency Neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomies may be effective in relieving or reducing facet joint pain among patients who had a positive response to facet injections. They do not however address the criteria for the performance of repeat radiofrequency neurotomies. As such, secondary guidelines were sought. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. There should be documentation of a formal plan of rehabilitation. The clinical documentation submitted for review failed to provide documentation of at least 12 weeks of relief at 50%. There was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors. Additionally, there was a lack of documentation of a formal plan of rehabilitation in addition to the facet joint therapy. Given the above, and the lack of documentation, the request for C3-4, C4-5 facet block under fluoroscopy is not medically necessary.

MAC Sedation: 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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.