

Case Number:	CM15-0108308		
Date Assigned:	06/15/2015	Date of Injury:	12/11/2012
Decision Date:	07/14/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

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

This 66-year-old female sustained an industrial injury to bilateral upper extremities and neck via repetitive trauma on 12/11/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy and medications. The injured worker underwent right rotator cuff repair on 1/29/15. In an initial consultation report dated 5/20/15, the injured worker complained of neck pain with radiation to bilateral shoulders and bilateral wrist pain. The injured worker rated her pain 6/10 on the visual analog scale. Magnetic resonance imaging cervical spine showed stenosis from C3 to C7 with facet involvement and foraminal narrowing. Current diagnoses included discogenic cervical condition. The treatment plan included fluoroscopically guided neurotomy/rhizotomy left C2-C3 and Left C3-C4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided neurotomy/rhizotomy left C2-C3 and Left C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back. Facet joint radiofrequency neurotomy and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/18929038>.

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 (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a repetitive trauma work injury with date of injury in December 2012. She continues to be treated for radiating neck pain and bilateral wrist pain. When seen, there was decreased cervical spine range of motion with pain worse with extension. There was cervical paraspinal muscle and bilateral facet joint tenderness. Imaging results were reviewed. Left-sided cervical facet radiofrequency ablation was recommended. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks. In this case, medial branch blocks have not been performed. Requesting medial branch radiofrequency ablation is not appropriate or medically necessary.