MAXIMUS Federal Services

Case Number:	CM15-0135160		
Date Assigned:	07/23/2015	Date of Injury:	11/22/1995
Decision Date:	08/19/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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: Preventive Medicine, Occupational Medicine

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 69 year old male, who sustained an industrial injury on 11/22/1995. Diagnoses include cervical disc degeneration. Treatment to date had included medications and injections including a facet joint injection on 5/21/2015. Per the Primary Treating Physician's Progress Report dated 6/29/2015 the injured worker reported for follow-up. He demonstrated 70% improvement after a C3-4 medial branch block. Physical examination revealed mechanical pain in the cervical spine with flexion/extension exacerbating symptoms. The plan of care included, and authorization was requested for one rhizotomy at C3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rhizotomy at C3-4 between 6/29/15 and 9/4/15: Upheld

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), Neck and Upper Back (Acute & Chronic).

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/ facet joint therapeutic injections-facet joint diagnostic blocks-facet joint neurotomy (rhizotomy).

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guideline address this issue in detail and the Guidelines clearly do not recommend the procedure that was performed (i.e. intra-articular injections with anesthetic and steroid). The Guidelines do not consider pain relief during anesthesia adequate justification for subsequent rhizotomy when this procedure is performed. In addition, it is not clear why facet anesthetic medical branch blocks were not performed which are recommended by Guidelines. The prior procedure (intra-articular injection of lidocaine and steroid) is not Guideline supported and per Guideline standards it is not to be utilized to justify a subsequent rhizotomy. Under these circumstances, the request for 1 Rhizotomy at C3-4 between 6/29/15 and 9/4/15 is not supported by Guidelines and is not medically necessary.