

Case Number:	CM15-0142457		
Date Assigned:	08/03/2015	Date of Injury:	08/04/2011
Decision Date:	09/08/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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:

This injured worker is a 30 year old male who reported an industrial injury on 8-4-2011. His diagnoses, and or impression, were noted to include: facet arthropathy; degenerative cervical disc disease with herniation and spondylosis of the cervical spine, and associated with left-side stenosis, bilateral upper extremity radiculopathy, and referred pain in the thoracic spine; displaced cervical inter-vertebral disc; cervical spondylosis without myelopathy; cervical region spinal stenosis; and brachial neuritis or radiculitis. No current imaging studies were noted. His treatments were noted to include bilateral cervical medial branch blocks (3-16-15); medication management; and rest from work. The progress notes of 6-19-2015 reported for re-evaluation of his neck and upper back, following a re-injury of his neck, causing immediate onset of left arm numbness and tingling, on 6-15-2015. Objective findings were noted to include moderate-severe tenderness over the cervical spinous processes at the base of the neck, with restricted range-of-motion; mild tenderness in the right para-spinal muscles and moderate-severe tenderness in the left; mild tenderness in the right trapezius muscle and moderate in the left; mild-moderate tenderness in the upper back over the spinous process and at the shoulder blades and severe tenderness in the left, especially in the para-scapular region; and trace deep tendon reflexes in the bilateral upper extremities, with moderate-severe weakness of the left first dorsal muscle, potentially representing a true neurological deficit, and significant tremor in the left arm with testing. The physician's requests for treatments were noted to include bilateral cervical radio-frequency as the next step in treatment, and which had been approved but never completed by the expiration date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical radiofrequency at C5-C6 and C6-C7: 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), Neck and Upper Back.

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 and Upper Back Chapter/Facet joint diagnostic blocks.

Decision rationale: According to the CA MTUS ACOEM guidelines, there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. While it is acknowledged that prior cervical facet joint injections provided a positive response, the medical records note that the injured worker sustained a re-injury and has neurological deficits in the upper extremity. Per ODG, facet injections should be limited to patients with cervical pain that is non-radicular. The request for Bilateral cervical radiofrequency at C5-C6 and C6-C7 is therefore not medically necessary and appropriate.