

Case Number:	CM15-0187502		
Date Assigned:	09/29/2015	Date of Injury:	08/06/2004
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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, North Carolina
 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:

The injured worker is a 61 year old male, who sustained an industrial-work injury on 8-6-04. He reported initial complaints of head, low back, and neck pain. The injured worker was diagnosed as having cervical spondyloarthritis without myelopathy, and facet syndrome with neck pain. Treatment to date has included medication, chiropractor sessions, physical therapy, medial branch blocks, cervical radiofrequency lesioning procedures, and surgery (L4-5, L5-S1 fusion with hardware on 2-14-06). Currently, the injured worker complains of mild to moderate right-sided neck pain in addition to increasing low back pain and bilateral shoulder pain. The injured worker is retired. Per the primary physician's progress report (PR-2) on 8-31-15, exam noted pain behavior, obesity, restricted neck flexion, extension, and right lateral rotation with pain at end ranges of motion, right sub-occipital tenderness, and left sided cervical facet tenderness, right upper shoulder tenderness over the subacromial area, restricted internal rotation and abduction of the right shoulder, full upper extremity strength, sciatic notch tenderness, restricted lower back extension, diminished sensation in the lateral right thigh, positive bilateral straight leg raise, normal gait and coordination, and diabetic neuropathy. The Request for Authorization requested service to include Radiofrequency lesioning of medial branches on the left at C2, C3, C4 under fluoroscopic guidance. The Utilization Review on 9-11-15 denied the request for Radiofrequency lesioning of medial branches on the left at C2, C3, and C4 under fluoroscopic guidance, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Upper and Back Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning of medial branches on the left at C2, C3, C4 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: ACOEM Guidelines state that there is limited evidence for radiofrequency neurotomy in relieving or reducing cervical facet joint pain. ODG Guidelines state that no more than 2 joint levels be performed at a time. In this case, there is a lack of documentation of improved VAS pain scores, functional improvement or formal rehab plan. There is also a lack of findings of improvement with prior treatment with specific regard to the left neck. In addition the request is for 3 levels, exceeding the recommended number of 2. Therefore the request is not medically necessary or appropriate.