MAXIMUS Federal Services

Case Number:	CM15-0038610		
Date Assigned:	03/09/2015	Date of Injury:	09/09/2002
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old female, who sustained an industrial injury on September 9, 2002. The diagnoses have included cervicalgia, shoulder pain, pain in joint hand and pain in joint ankle and foot. A progress note dated December 31, 2014 provided the injured worker complains of neck, shoulder, back and hand pain rated 10/10 without medication and 6/10 with medication. She reports any activity increases pain and heat helps reduce it. Physical exam notes tenderness of neck and back on palpation. It is noted the injured worker is unable to tolerate oral opiate medication due to gastrointestinal (GI) sensitivity including nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right C7 RFA with fluoroscopy: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." There is no recent documentation indicating the patient has received diagnostic facet blocks and has had a positive response. There no documentation of cervical facets at C7 are the main pain generator. Therefore, the request for 1 Right C7 RFA with fluoroscopy is not medically necessary.

1 Left C7 RFA with fluoroscopy: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." There is no recent documentation indicating the patient has received diagnostic facet blocks and has had a positive response. There no documentation of cervical facets at C7 are the main pain generator. Therefore, the request for 1 left C7 RFA with fluoroscopy is not medically necessary.