MAXIMUS Federal Services

Case Number:	CM15-0086833		
Date Assigned:	06/09/2015	Date of Injury:	08/25/1999
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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:

The injured worker is a 69 year old male, who sustained an industrial injury on 8/25/1999. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and lumbar disc displacement and cervical spondylosis without myelopathy. Lumbar magnetic resonance imaging showed multilevel disc bulging and herniations and multilevel spondylolisthesis. Treatment to date has included chiropractic care, physical therapy, medial branch block and medication management. In a progress note dated 4/1/2015, the injured worker complains of persistent neck pain that radiates down to the shoulders and arms with numbness and tingling, low back pain and bilateral knee pain. Physical examination showed decreased cervical range of motion, cervical paraspinal tenderness, lumbar restricted range of motion and lumbar paraspinal tenderness. The treating physician is requesting facet joint radiofrequency neurotomy at left cervical 5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint radiofrequency neurotomy at left C5 and C6: 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-TWC), Neck & Upper Back - Criteria for use of cervical facet radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks (2) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury and August 1999 and continues to be treated for neck pain. He underwent diagnostic cervical medial branch blocks in September 2012 with a reported 80% decrease in symptoms. When seen more than 18 months later, he was having ongoing neck pain with stiffness and cracking was noted with cervical spine movement. He was also having radiating symptoms including numbness and tingling into the left hand and fingers. Diagnostic facet joint blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant now has radicular symptoms and it has been more than 18 months since the diagnostic blocks were performed. He would not meet criteria for repeating the blocks due to the radicular symptoms and therefore medial branch radiofrequency ablation cannot be considered medically necessary at this time.