MAXIMUS Federal Services

Case Number:	CM13-0065530		
Date Assigned:	01/03/2014	Date of Injury:	04/05/2005
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 50-year-old female patient with a date of injury 04/05/2005. The patient has a history of a fused neck at C5-6 done in 2005. The surgery was then repeated after removal of hardware and fused again in 08/2008. The mechanism of injury was that the patient was lifting a stack of heavy dishes weighing approximately 20 pounds then experienced sharp pain in her midback and neck. There were no radicular symptoms and then days later, the patient experienced right arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RADIOFREQUENCY RHIZOTOMY IN THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The CA MTUS/ACOEM Guidelines states there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Caution is needed due to the scarcity of high-quality studies. The request for the 1 radiofrequency rhizotomy in the cervical spine is non-certified. The documentation submitted for review did not suggest nor indicate that

the patient had a successful response to cervical facet injections or that the patient had evidence on physical examination supportive of facet-mediated pain. The CA MTUS/ACOEM Guidelines state that rhizotomies may be effective in relieving or reducing cervical facet joint pain, if there was a positive response to facet injections. Given that the documentation did not indicate that the patient has had prior facet injections and did not indicate the patient has undergone other conservative care, the request is non-certified.