

Case Number:	CM14-0120600		
Date Assigned:	08/08/2014	Date of Injury:	06/02/2010
Decision Date:	10/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Pain Management, and is licensed to practice in California. 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:

The injured worker is a 53-year-old male who suffered work-related injuries on June 2, 2010. Progress report dated June 20, 2013 noted the injured worker's complaints of intractable neck pain and right arm pain rated as 8/10. He reported 65% positive relief with previous cervical transforaminal epidural. Physical exam findings were significant for bilateral tenderness from the C3 to C6 level, and limited cervical ranges of motion and weakness with the right upper extremity. The treating physician recommended right Transforaminal Cervical Epidural Injection under fluoroscopy at C5-C6 level. During his evaluation on March 26, 2014, the injured worker reported stated positive pain relief with previous cervical transforaminal epidural with 55% relief but since then his pain has returned. He reported neck pain radiating down his right arm with numbness rated as 7/10. Cervical exam noted bilateral tenderness at the C5-C6 level, limited ranges of motion, and deep tendon reflexes at 1+ on the right triceps and brachioradialis muscle. Right transforaminal cervical epidural injection under fluoroscopy at the C5-C6 level was requested and subsequently authorized on April 7, 2014. Progress report June 20, 2014 noted increased neck pain rated as 8/10 and additional complaints of headaches. There was no arm pain or numbness. The injured worker stated that his previous rhizotomy performed in May 28, 2013 provided 50% pain relief for more than six months. As per report, the injured worker tried diagnostic bilateral cervical facet injection under fluoroscopy in October 22, 2012 and March 15, 2013 from which he reported 60% to 75% pain relief for four to five days following the injections. Physical exam was significant for bilateral cervical facet tenderness at C3-C4, C4-C5, and C5-C6 level. Cervical ranges of motion continue to be limited secondary to pain. Bilateral radiofrequency and cervical neurotomy at the C4, C5, and C6 levels was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DESTROY CERV/THOR FACET JNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG); Neck and Upper Back (Acute & Chronic), Cervicogenic Headache, Facet Joint Neurotomy).

Decision rationale: When referencing the Official Disability Guidelines, cervical facet radiofrequency neurotomy is understudy with conflicting evidence as to the efficacy of this procedure. Specific criteria for use of a cervical facet radiofrequency neurotomy would include that no more than 2 levels would be performed in any setting. In this injured worker's case, progress note dated June 20, 2014 indicated the injured worker reportedly had 50% pain relief for more than 6 months following rhizotomy performed in May 28, 2013 (levels not indicated). However, progress report dated June 20, 2013 indicates the worker underwent a cervical transforaminal epidural steroid injection from which he received 65% relief and there was no mention of a rhizotomy performed in May 28, 2013 along with clear derived therapeutic benefit such as improved visual analog scale. It is unclear if the pain relief was from the transforaminal epidural or a prior rhizotomy procedure. The recent request is for C3-C4, C4-C5, and C5-C6 facet neurotomies to be performed on one side then on the opposite side 10 to 15 days later. This request would exceed 2 levels and would not be supported by clinical guidelines. Additionally, the guidelines indicate that facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches, which is one of the injured workers complaints. Therefore, it can be concluded that the requested Destroy Cervical/Thoracic Facet Injection is not medically necessary.