MAXIMUS Federal Services

Case Number:	CM14-0172998		
Date Assigned:	10/23/2014	Date of Injury:	05/29/2012
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurosurgeon and is licensed to practice in Virginia and Georgia. 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 56-year-old male who reported an injury on 05/29/2012. The mechanism of injury was not provided. On 10/07/2014, the injured worker presented with constant dizziness that is exacerbated by cervical extension. He also reports of headaches and dizziness. Examination of the cervical spine revealed positive bilateral spinous process tenderness, paravertebral muscle spasm and upper trapezius muscle spasm. There was positive right sided cervical distraction, maximum foraminal compression, shoulder depression and Soto Hall test. 2+ bilateral deep tendon reflexes and 4/5 strength to the right upper extremity and 5/5 to the left upper extremity. The diagnoses were cervical spine myoligamentous injury, post-traumatic headaches, right shoulder myoligamentous injury, lumbar spine herniated nucleus pulposus, secondary to difficulty sleeping, secondary to stress, anxiety and depression and BPPV. An auditory brainstem noted brain stem function was normal, and an electroencephalogram was within normal limits. The provider recommended balance training and facet rhizotomy to the cervical spine. There was no rationale provided. The Request for Authorization form was dated 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Balance Training: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Vestibular PT rehabilitation.

Decision rationale: The request for balance training is not medically necessary. The Official Disability Guidelines recommend this training for injured worker's with vestibular complaints such as dizziness and balance dysfunction. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. The guidelines note vestibular rehabilitation should be considered in the management of individuals postconcussion with dizziness, gait and balance dysfunction that do not resolve with rest. The submitted medical documents note the patient underwent an auditory brainstem that evoked response which showed mild decreased hearing levels and a normal brain stem function. He also underwent an electroencephalogram that was within normal limits. The provider's request for balance training does not indicate the amount of training recommended or the frequency of the recommended training. As such, medical necessity has not been established.

Facet Rhizotomy with Treating Physician to The Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Radio Frequency Neurotomy.

Decision rationale: The request for facet rhizotomy with treating physician to the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques have no proven benefits in treating acute neck and upper back symptoms. Many pain physicians believe that diagnostic and orthopedic injections may help injured workers presenting into the transitional phase between acute and chronic pain. The Official Disability Guidelines for this state that facet rhizotomy is under study. There is conflicting evidence available as to the efficacy of the procedure, and approval of treatment should be made on a case by case basis. The criteria for use of a radiofrequency rhizotomy include, treatment requires a diagnosis of facet joint pain, approval depends on variables such as evidence of adequate diagnostic blocks documented, and improvement in VAS scores, no more than 2 joint levels are to be performed at 1 time, if different regions require neural blockade, they should be performed at intervals no sooner than 1 week, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The guidelines state that facet joint rhizotomy is under study and would not be warranted. Additionally, there is lack of documentation of a formal plan of rehabilitation after the requested procedure and there is no diagnoses of facet joint pain. Additionally, the request does not indicate what level is being requested for the facet joint rhizotomy in the request as submitted. There is a lack of documentation of evidence of an adequate diagnostic block performed or documented improvement in VAS scores. As such, the request is not medically necessary.