

Case Number:	CM14-0185940		
Date Assigned:	11/13/2014	Date of Injury:	12/27/2002
Decision Date:	12/16/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine 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 (IW) is a year-old man with a date of injury of December 27, 2002. The mechanism of injury was not documented in the medical record. The IW has a history of cervical fusion at C5-C6 in 2007. He had radiofrequency denervation of facets at C4-C5 and C6-C7 on the left on February 21, 2014 with 50% relief and C4-C5 on the right side on March 28, 2014 with 70% relief. The request is for a repeat bilateral rhizotomy of the cervical spine; unknown levels. Pursuant to the most recent progress report dated October 6, 2014, the IW complains of continuous neck pain and headache. The pain is gradual in onset and is described as dull with spasms. Physical examination revealed paraspinal spasms. Lateral rotation was slightly restricted to right and left. Flexion and extension were mildly restricted. Deep tendon reflexes, motor and sensory exams were all normal. Current medications include Benicar 20mg, Imitrex 25mg, and Norco 10/325mg. The provider is recommending repeat bilateral rhizotomy of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral rhizotomy for the cervical spine, unknown levels: 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 Official Disability Guidelines (ODG); Pain Section, Rhizotomy

Decision rationale: Pursuant to the Official Disability Guidelines, repeat bilateral rhizotomy for the cervical spine, unknown levels is not medically necessary. Rhizotomy or facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. The guidelines provide criteria for use of facet joint radiofrequency neurotomy. The guidelines include, but are not limited to a diagnosis of facet joint pain using a medial branch blocks; repeat procedures should not occur at an interval less than six months from the first procedure; no more than two joint levels are to be performed at one time; there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy; duration of relief should be documented for at least 12 weeks at greater than or equal to 50%. In this case, the injured worker had a history of cervical fusion C-5 - C6 in 2007. He had radiofrequency denervation of facets C4 - C5 and C6 - C7 on the left with 50% relief on February 21, 2014 and C4 - C5 on the right on March 28, 2014 with 70% relief. The guidelines dictate no more than two joint levels are to be performed at one time and they should be evidence of the formal plan of additional evidence face conservative care. The request is for rhizotomy cervical spine, unknown levels. From the request the exact location and number of levels is unclear. Consequently, repeat bilateral rhizotomy of the cervical spine, unknown levels is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, repeat bilateral rhizotomy for the cervical spine, unknown levels is not medically necessary.