

Case Number:	CM14-0091786		
Date Assigned:	09/22/2014	Date of Injury:	03/02/2009
Decision Date:	12/05/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine and Rehabilitation, 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:

This 53 year-old patient sustained an injury on 3/2/09 from a slip and fall, dislocating her shoulder after catching her right arm on a trash bin while employed by [REDACTED]. Request(s) under consideration include Cervical Spine Rhizotomy at C5-6 bilaterally. Diagnoses include cervical degenerative disc. Report from the provider noted the patient with neck pain radiating to the low back. Conservative care has included medications, physical therapy, TENS, H-wave, and modified activities/rest. Exam showed cervical spine with paravertebral tenderness; no muscle spasm; tenderness over C4-5 and C5-6 and right trapezius and interscapular region; DTRs diminished on left and absent on right upper extremity; normal in lower extremities. It was noted the patient had 100% pain relief for few hours from facet block. MRI of the cervical spine dated 5/24/12 showed cervical degenerative spondylosis with mild to moderate canal stenosis at C4-5, C5-6. Treatment plan included cervical rhizotomy bilaterally. The request(s) for Cervical Spine Rhizotomy at C5-6 bilaterally was non-certified on 6/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine rhizotomy at C5-6 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck--Radiofrequency ablation of facet nerve

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet joint diagnostic blocks, pages 601-602

Decision rationale: This 53 year-old patient sustained an injury on 3/2/09 from a slip and fall, dislocating her shoulder after catching her right arm on a trash bin while employed by [REDACTED]. Request(s) under consideration include Cervical Spine Rhizotomy at C5-6 bilaterally. Diagnoses include cervical degenerative disc. Report from the provider noted the patient with neck pain radiating to the low back. Conservative care has included medications, physical therapy, TENS, H-wave, and modified activities/rest. Exam showed cervical spine with paravertebral tenderness; no muscle spasm; tenderness over C4-5 and C5-6 and right trapezius and interscapular region; DTRs diminished on left and absent on right upper extremity; normal in lower extremities. It was noted the patient had 100% pain relief for few hours from facet block. MRI of the cervical spine dated 5/24/12 showed cervical degenerative spondylosis with mild to moderate canal stenosis at C4-5, C5-6. Treatment plan included cervical rhizotomy bilaterally. The request(s) for Cervical Spine Rhizotomy at C5-6 bilaterally was non-certified on 6/5/14. MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. MRI of the cervical spine demonstrated canal stenosis and no defined facet arthropathy with patient exhibiting chronic symptoms of neck pain radiating to low back. Submitted reports have no indication for failed conservative trial and have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 6 weeks from previous facet blocks for rhizotomy procedure with provider report few hours of pain relief. The Cervical Spine Rhizotomy at C5-6 bilaterally is not medically necessary and appropriate.