

Case Number:	CM14-0098343		
Date Assigned:	07/28/2014	Date of Injury:	10/21/2010
Decision Date:	10/01/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 64 year old female who suffered a work related injury on 10/21/10. The mechanism of injury is not described. Most recent documentation submitted for review is dated 02/11/14. The injured worker is back in for follow up of her mid to upper neck. She stated it is now greatly improved after repeat of the radiofrequency neurotomy for the left C3-4 and C4-5 facets on 01/08/14. Range of motion in the neck has improved. Overlying muscle spasm has improved. She has significant pain in the right low back region with referral to the buttocks area. This pain in the past greatly improved with radiofrequency neurotomy procedure which was done in October 2012, more than 15 months ago. On physical examination the injured worker is alert and oriented. She is comfortable and shifts position. Vital signs are stable with blood pressure 124/62 and heart rate of 70 beats per minute. The pain can easily become severe as 8-9/10. On average it is at 6-7/10. With medication it is at 4-5/10. Gait is mildly antalgic. She is able to heel and toe walk. Examination of the low back shows no skin lesions. There is good range of motion with forward flexion, but limited in posterior extension and lateral tilt, more so to the right than to the left. There is tenderness of the posterior column to the right of midline at approximate levels of L4-5 and L5-S1. The injured worker has pain in the right low back that becomes worsened with posterior tilt or lateral tilt. In the lower extremities there is no gross motor or sensory deficit. Diagnoses are cervical facet arthropathy, positive response to right C3-5 facet radiofrequency neurotomy, lumbar degenerative disc disease, right low back pain, most likely due to facet arthropathy at L4-5 and L5-S1 with previous positive response to radiofrequency neurotomy in October 2012. Prior utilization review dated 06/23/14 was non-certified. Current request is for repeat radiofrequency neurotomy, left third occipital nerve and C3 deep medial nerve branch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat radiofrequency neurotomy, left 3rd occipital nerve and c3 deep medial branch nerve QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment,/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter Radiofrequency (RF) therapy

Decision rationale: The request for repeat radiofrequency neurotomy, left 3rd occipital nerve and c3 deep medial branch nerve QTY:1 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical information submitted that indicates that the injured worker has undergone a previous radiofrequency neurotomy of the left third occipital nerve and C3 deep medial branch nerve. As such, medical necessity has not been established.