

Case Number:	CM14-0098928		
Date Assigned:	07/28/2014	Date of Injury:	02/14/2011
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Washington. 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 29-year-old male with a reported injury on 02/14/2011. The mechanism of his injury was not provided. The diagnoses included C3-7 facet syndrome, myofascial pain and spasm of the trapezius and interscapular muscle, and status post cervical facet injection with 70% relief times 3 months. The injured worker has had previous treatments of physical therapy and aerobic exercises. The efficacy of those treatments was not provided. There was no evidence of a medial branch block in the examination provided. The injured worker had an examination on 05/28/2014 with complaints of worsening of his neck pain. He rated his neck pain at a 3/10 to 4/10 and gets up to a 7 to 8 with activity. He did not complain of symptoms radiating down his arm. The injured worker stated that he discontinued with his medications due to the elevated liver function values. He reported that his pain was aggravated by cervical rotation and flexion, as well as upper body activity. It was stated that he had 100% of his pain in his neck. He was experiencing more frequent headaches which occurred at least 3 times a week. Upon examination, it was noted that his cervical range of motion flexion was 40 degrees, extension was 50 degrees, and the side bend to the right was 20 degrees and the right rotation was 70 degrees, all of which caused him pain in the trapezius area and in the neck. The Spurling's maneuver, on the left, elicited right-sided neck pain, adjacent to the C6 and C7. There was tenderness over the midline from C4-T1 and to the adjacent bilateral paraspinals. The strength in the trapezius and deltoid was a 5/5. His reflexes of his brachioradialis and biceps reflexes were 2 bilaterally. His triceps reflex on the right was a 2 and the left a 1. It was reported that the injured worker is using a pain patch. The efficacy of that was not provided. The recommended plan of treatment was a cervical facet rhizotomy bilaterally C4-7. He did undergo a cervical facet injection on 04/12/2013 with significant pain relief that was 70% for 3 months. The Request for Authorization was signed and dated 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Rhizotomy: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, facet joint radiofrequency neurotomy.

Decision rationale: The ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomies of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation, of all the controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend the criteria for a cervical facet radiofrequency Neurotomy for a diagnosis of facet joint pain to have evidence of adequate diagnostic blocks, documented improvement in a VAS score and documented improvement in function, no more than 2 joint levels performed at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy and should not be at an interval of less than 6 months from the first procedure. The current literature does not support that the procedure was successful without sustained pain relief generally for at least 6 months of duration. The injured worker does not have a documented diagnosis of facet joint pain. There was a lack of evidence of adequate diagnostic blocks, documented improvement in a VAS score; although, it was reported that there was a 70% improvement for 3 months. There was a documented improvement in function. The request does not specify which level or how many levels to be treated. There was a lack of evidence of a formal plan of rehabilitation and a lack of evidence of facet joint therapy. The injured worker did have a previous cervical facet injection on 04/12/2013 which decreased the pain by 70% for 3 months. The clinical information failed to meet the evidence-based guidelines for the request. Therefore, the request for the cervical facet rhizotomy is not medically necessary.