

Case Number:	CM14-0214097		
Date Assigned:	12/31/2014	Date of Injury:	08/06/2005
Decision Date:	02/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 34 year old female patient who sustained a work related injury on 8/6/2005. Patient sustained the injury in a "train wreck" when she was thrown 10 feet until she hit a counter and a refrigerator. The current diagnoses include cervicalgia, pain in the thoracic spine and myalgia/myositis. Per the doctor's note dated 11/4/14, patient has complaints of bilateral neck, shoulders bilateral hand pain at 4-10/10 with numbness and weakness in her left hand. Physical examination revealed limited range of motion of the cervical spine and normal ROM of the lumbar spine, reduced sensation in left first MCP area. The medication lists include oxycodone, Diclofenac, Klonopin, omeprazole, Ambien, Tizanidine, Norco, Ibuprofen, and Trazodone. The patient has had X-rays of the shoulder that revealed consistent with prior Surgery; MRI showed no major abnormalities in the rotator cuff tendons; EMG/nerve conduction studies of the upper extremities that revealed Mild left ulnar neuropathy on 1/16/07; EMG on 2/23/07, that revealed entrapment of the ulnar nerve at the left elbow; CT head and cervical spine on 9/13/07. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include left shoulder arthroscopic subacromial decompression on 04/21/06, occipital nerve blocks and facet medial branch block on 11/10/06; cervical medial branch blocks on 11/07/08, 11/14/08; right shoulder arthroscopy on 09/22/06; trigger point injections on 04/06/09,01/18/10; cervical radiofrequency ablation C2-3, C3-4 on 12/01/08, 12/29/08. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat cervical radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Facet joint radiofrequency neurotomy.

Decision rationale: A rhizotomy is a term chiefly referring to a neurosurgical procedure that selectively destroys problematic nerve roots in the spinal cord, most often to relieve the symptoms of neuromuscular conditions such as spastic diplegia and other forms of spastic cerebral palsy. CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy "Under study. Criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at > 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period." As per cited guideline there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy which was not specified in the records provided. Patient has received an unspecified number of physical therapy visits conservative treatment and chiropractic manipulation for this injury till date. Detailed response of the physical therapy visits was not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient's history includes occipital nerve blocks and facet medial branch block on 11/10/06; cervical medial branch blocks on 11/07/08, 11/14/08; cervical radiofrequency ablation C2-3, C3-4 on 12/01/08, 12/29/08. The detailed response of previous cervical radiofrequency neurotomy/ ablation was not specified in the records provided. The request for one repeat cervical radiofrequency is not medically necessary.