

Case Number:	CM15-0102783		
Date Assigned:	06/05/2015	Date of Injury:	07/15/1996
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina

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 71 year old woman sustained an industrial injury on 7/15/1996. The mechanism of injury is not detailed. Diagnoses include chronic pain syndrome, insomnia, cervicgia, trigeminal neuralgia, muscle spasms, and cervical spine myofascial pain. Treatment has included oral medications and cervical rhizotomy. Physician notes dated 5/8/2015 show complaints of increasing neck pain and headaches. Recommendations include Percocet, cervical rhizotomy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical rhizotomy on right C3, C4, C5, C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, rhizotomy.

Decision rationale: The ACOEM and ODG section on rhizotomy states: There is good quality medical literature demonstrating that radiofrequency. neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. In addition, the ODG states multiple levels should not be performed at the same time. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

