

Case Number:	CM15-0118296		
Date Assigned:	06/26/2015	Date of Injury:	03/13/2008
Decision Date:	07/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on March 13, 2008 incurring neck and left arm injuries. He was diagnosed with cervical disc disease, cervical stenosis, cervical facet arthropathy, bilateral carpal tunnel syndrome and left shoulder internal derangement. In 2009, the injured worker had a cervical foraminotomy and laminectomy. He underwent left shoulder surgery. Treatment included physical therapy, opioids, muscle relaxants, facet blocks, Radiofrequency Ablation, sleep aides, anti-inflammatory drugs, proton pump inhibitor, anti-anxiety medications, and work restrictions and modifications. Currently, the injured worker complained of left arm pain, left reflex reduction, left grip and wrist weakness and left sensory loss. A cervical Magnetic Resonance Imaging revealed disc bulges, facet changes and stenosis. The treatment plan that was requested for authorization included cervical spine fluoroscopically guided Neurotomy, rhizotomy to bilateral cervical spine with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine fluroscopically guided neurotomy/rhizotomy to bilateral C6-C7 and C7-T1 with moderate sedation: 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), Neck and Upper Back, Facet Joint.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work injury in March 2008 and continues to be treated for bilateral neck and shoulder pain. Treatments included cervical facet rhizotomy in June 2013 with a reported 50% improvement in pain lasting for 12 months. When seen, there was cervical paraspinal and facet joint tenderness. There was decreased cervical spine range of motion worse with extension. There was a normal neurological examination with negative neural tension signs. Criteria for a repeat cervical radiofrequency ablation treatment include that the previous procedure was performed more than six months before with pain relief of at least 50% lasting for at least 12 weeks. In this case, the criteria are met. However, moderate sedation is also being requested for the procedure and patients need to be able to communicate accurately during a medial branch radiofrequency ablation. There is no indication for the use of moderate sedation which is also not appropriate for this procedure and this request is therefore not medically necessary.