

Case Number:	CM15-0148876		
Date Assigned:	08/11/2015	Date of Injury:	07/23/2013
Decision Date:	10/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker was a 63-year-old female who sustained an industrial injury on 7/23/13. Injury occurred when she was shot by her employer while working as a caregiver. She sustained gunshot wounds to the chest, abdomen leg, and left elbow, and blunt trauma to the head. She underwent several surgeries for bullet removal. Past medical history was positive for diabetes and elevated cholesterol. Records indicated that cervical spine CT scan showed multilevel facet arthropathy with calcification at C5/6. The injured worker underwent medial branch blocks at right C4-C6 on 5/11/15 with 0.5 cc of Lidocaine. The 6/16/15 pain management report cited decreased neck pain. She reported 90% improvement following right C4 through C6 medial branch blocks on 5/11/15 for 4 to 5 days with increased range of motion, reduction in medication use, and improved sleep. She was engaging in daily exercise and stretching. Cervical spine exam documented moderate tenderness with right cervical paravertebral, trapezius, and rhomboid muscle tenderness. There was facet tenderness from C3 to C7. There was mild loss in cervical flexion, extension, and right rotation. Neurologic exam documented 5/5 strength, normal deep tendon reflexes, and decreased left C7 dermatomal sensation. The diagnosis included cervical disc disease and cervical facet syndrome. She had failed conservative treatment in the form of physical therapy, chiropractic manipulative therapy, medication, rest, and home exercise program. Authorization was requested for right C4-C6 facet rhizotomy and neurolysis. The 7/16/15 utilization review non-certified the request for right C4-C6 facet rhizotomy and neurolysis as there was no guideline recommended documentation of facet mediated pain and the injured worker only had pain relief for one week after an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-C6 facet rhizotomy and neurolysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

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: Facet joint diagnostic blocks; Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for cervical radiofrequency neurotomy. The Official Disability Guidelines indicate that cervical facet joint radiofrequency neurotomy is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. Guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% for at least 2 hours for Lidocaine. Guidelines limit these procedures to patients with cervical pain and absence of radicular and/or neurologic findings. Guideline criteria have been met. This injured worker presents with neck pain, with no current documentation of a radicular component. Clinical exam findings are consistent with reported imaging evidence of facet arthropathy. She underwent medial branch blocks with 90% pain relief for 4 to 5 days with increased range of motion, reduction in medications, and improvement in sleep. An on-going home exercise program is documented. Therefore, this request is medically necessary.