MAXIMUS Federal Services

Case Number:	CM15-0170302		
Date Assigned:	09/10/2015	Date of Injury:	11/14/2011
Decision Date:	10/27/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained an industrial injury on November 14, 2011, resulting in pain or injury to the right knee, neck, head, and dental. Currently, the injured worker reports neck pain and neck and left arm numbness radiating down to the fingertips. A review of the medical records indicates that the injured worker is undergoing treatment for C4-C7 disc degeneration, cervicogenic headaches, status post closed head injury with intermittent vertigo, right quadriceps tendon rupture status post repair, "right patellar baja, grade IV chondromalacia of the posteromedial femoral condyle and chondromalacia involving the medial." The single Primary Treating Physician's report submitted dated July 20, 2015, noted the injured worker rated his pain as 7-9 out of 10 on the visual analog scale (VAS). Physical examination was noted to show evidence of tenderness to palpation over the cervical spine and mid scapular region with decreased sensation over the left C6 and left C7 dermatomal distribution. The Physician noted the injured worker had improved functional abilities, without headaches, and a decrease in his visual analog scale (VAS) score from an 8 out of 10 to 2-3 out of 10 with a facet block from C3-C7. The Physician noted a request for pain management and radiofrequency ablation from C4-C5, C5-C6, and C6-C7 bilaterally, and successful the injured worker will have reached his MMI state. If it failed the Physician noted he would recommend a posterior cervical fusion at C4-C5, C5-C6, and C6-C7. A request for an ENT specialist was to be requested for ongoing dizziness since the time of the industrial injury, with a request for a neurology consultation for the same reason. The injured worker's work status was noted to be permanent and stationary, with a sedentary type position for the previous year. The treating

physician indicates that x-rays of the cervical spine from April 7, 2014, revealed moderate disc height loss C4-C5, severe at C5-C6 and C6-C7, without instability or fracture. Prior treatments have included facet blocks from C4-C7 providing approximately one week of relief, activity modifications, and medication. The request for authorization dated July 20, 2015, requested a referral to pain management (only), one radiofrequency ablation from C4-C5, C5-C6, and C6-C7 levels bilaterally, one referral to an ENT specialist for consultation (only), one referral to a neurologist for consultation (only), and one follow up visit in 4-6 weeks, all for service between July 20, 2015, and September 13, 2015. The Utilization Review (UR) dated August 3, 2015, certified the request for one follow up visit in 4-6 weeks between July 20, 2015, and September 13, 2015, and non-certified the requests for one referral to pain management for consultation (only), one radiofrequency ablation from C4-C5, C5-C6, and C6-C7 levels bilaterally, one referral to an ENT specialist for consultation (only), and one referral to a Neurologist for consultation (only.)

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to pain management for consultation (only): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedure, Non-Operative), 4/27/2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. The patient reports pain of 7-9 out of 10 at times. I am reversing the previous UR decision. One referral to pain management for consultation (only) is medically necessary.

One radiofrequency ablation from C4-5, C5-6, C6-7 levels bilaterally: 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 (Acute & Chronic): Facet joint radiofrequency neurotomy (2015).

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.

Decision rationale: According to the Official Disability Guidelines, cervical neurotomies are still under investigation. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. In those patients who have undergone RFN, repeat neurotomies 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). The previous neurotomies had short duration of effectiveness. One radiofrequency ablation from C4-5, C5-6, C6-7 levels bilaterally is not medically necessary.

One referral to Ear Nose & Throat (ENT) specialist for consultation (only): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin School of Nursing, Family Nurse Practitioner Program. Evaluation of vertigo in the adult patient. Austin (TX): University of Texas at Austin, School of Nursing; 2014 May. 19 p. [18 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: The American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. One referral to Ear Nose & Throat (ENT) specialist for consultation (only) is not medically necessary.

One referral to neurologist for consultation (only): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin School of Nursing, Family Nurse Practitioner Program. Evaluation of vertigo in the adult patient. Austin (TX): University of Texas at Austin, School of Nursing; 2014 May. 19 p. [18 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: The American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. One referral to neurologist for consultation (only) is not medically necessary.