

Case Number:	CM15-0172868		
Date Assigned:	09/15/2015	Date of Injury:	10/14/2011
Decision Date:	10/14/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old female, who sustained an industrial injury on 10-14-11. The injured worker was diagnosed as having cervical facet syndrome and spasm of muscle. Treatment to date has included physical therapy, a home exercise program, a cervical facet nerve block with pain relief lasting for 1-2 days, right cervical C3-5 radiofrequency ablation and medication including Ibuprofen and Voltaren gel. Physical examination findings on 8-12-15 included restricted cervical range of motion, paravertebral muscle spasms, and tenderness in the paracervical muscles and trapezius. Cervical facet tenderness at C3-6 was noted. All upper limb reflexes were equal and symmetric. The motor examination was grossly normal for bilateral upper extremities. On 5-28-15, the treating physician noted, "she is able to perform household activities such as light housekeeping and cooking as well as all hygienic activities of daily living and function socially when her pain is better controlled." Currently, the injured worker complains of pain in the right shoulder, neck with radiation to the right arm, and upper back. On 8-14-15, the treating physician requested authorization for a percutaneous facet joint denervation at right C3-4, C4-5, and C5-6. On 8-21-15, the request was non-certified. The utilization review physician noted there was "absent information regarding the previously authorized blocks and given the inconsistent documentation of levels that are the pain generators, certification cannot be recommended."

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous facet joint denervation right C3-4, C4-5, and C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back- Facet joint diagnostic blocks and Facet joint radiofrequency neurotomy.

Decision rationale: Percutaneous facet joint denervation right C3-4, C4-5, and C5-6 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The MTUS states that facet injections should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 levels of a neurotomy formed. The request exceeds the guideline recommended limit per session for this procedure. Additionally, with the patient complaints of tingling and neck pain radiating into the right shoulder and arm it is not clear that this pain is purely facetogenic rather than radicular. The request for a percutaneous facet joint denervation right C3-4, C4-5, and C5-6 is not medically necessary.