

Case Number:	CM15-0173991		
Date Assigned:	09/15/2015	Date of Injury:	03/01/2010
Decision Date:	10/15/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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 59 year old male, who sustained an industrial injury on March 01, 2010. The injured worker was diagnosed as having positive diagnostic left cervical two to three and left cervical three to four facet joint medial branch block performed on April 02, 2015, cervical facet joint arthropathy, upper bilateral cervical facet joint pain at cervical two to three, cervical three to four, and cervical four to five, lower bilateral cervical joint pain at cervical five to six, cervical six to seven, and cervical seven to thoracic one, cervicogenic headaches, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain and strain, cervical spondylosis, status post right shoulder surgery, and right shoulder impingement. Treatment and diagnostic studies to date has included above noted procedures, laboratory studies, medication regimen, and physical therapy. In a progress note dated August 06, 2015 the treating physician reports complaints of pain to the bilateral neck with the left greater than the right along with headaches and decreased range of motion by 50%. Examination performed on August 06, 2015 revealed tenderness to the cervical paraspinal muscles over the bilateral cervical two through thoracic one facet joints with the right greater than the left, decreased range of motion by 50% with pain, decreased range of motion to the right shoulder with pain, positive right shoulder impingement, positive Neer's testing, and positive Hawkin's testing. On August 06, 2015 the treating physician requested fluoroscopically guided left cervical two to three and cervical three to four facet joint radio-frequency nerve ablation (Neurotomy-Rhizotomy) noting the injured worker's left neck pain at the left cervical two to three and cervical three to four and also noting prior positive left cervical two to three and left cervical three to four facet medial

branch block with the treating physician indicating 70% improvement of the injured worker left neck pain post block longer than two hours. The treating physician further noted that the injured worker had examination findings involving the cervical paraspinal muscles and the facet joints as noted above. On August 27, 2015 the Utilization Review determined the request for fluoroscopically guided left cervical two to three and cervical three to four facet joint radio-frequency nerve ablation (Neurotomy-Rhizotomy) to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided left C2-C3, C3-C4 facet joint radio-frequency nerve ablation (Neurotomy/Rhizotomy): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic), Facet Joint Radio-frequency Neurotomy.

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: The claimant sustained a work injury in March 2010 and is being treated for bilateral neck pain and headaches. When seen, he was having severe neck pain with 50% decreased range of motion. Physical examination findings included cervical paraspinal and facet tenderness with decreased and painful range of motion, worse with extension. There was decreased right shoulder range of motion with positive impingement testing. The assessment references positive left cervical medial branch blocks at C2, C3, and C4 as providing 70% improvement in left-sided neck pain 30 minutes after the injection and lasting for more than two hours. Authorization is being requested for radiofrequency ablation at these levels. In March 2015 left-sided C6, C7, and T1 medial branch blocks were recommended and this procedure was done on 04/02/15. A previous block procedure was done at the C4, C5, and C6 levels. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks. In this case, there was no documentation submitted of a block procedure being performed at the requested levels. The request is not medically necessary.