MAXIMUS Federal Services

Case Number:	CM15-0178287		
Date Assigned:	09/18/2015	Date of Injury:	02/28/2007
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 2-28-07. The injured worker has complaints of cervical pain. The documentation noted on 7-31-15 that on examination the injured worker is focally tender at C4 through C6 and she has pain on extension and rotation. Magnetic resonance imaging (MRI) of the cervical spine on 5-6-15 showed no evidence of fracture o contusion; there is straightening of the normal cervical lordosis, either related to positioning or muscle spasm. The diagnoses have included cervical sprain and strain; cervical spondylosis with radiation both upper extremities; bilateral shoulder pain probable bursitis; bilateral upper extremity tendinitis and bilateral hand and wrist pain presumably secondary to tendinitis possible neuropathic pain. Treatment to date has included medial branch block, C5, C6 and C7 as well as intrarticular steroid injection left side C5, C6 and C7, use of fluoroscopy and arthrogram C5-6 and C6-7; topical analgesic and topical anti-inflammatories and neurontin. The original utilization review (8-27-15) non-certified the request for left sided medial branch rhizotomy at (cervical) C5, C6, C7 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sided Medial Branch Rhizotomy at (Cervical) C5, C6, C7 levels: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Facet joint radiofrequency 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 chapter and pg 26-28.

Decision rationale: In this case, the claimant does not have radiculopathy. Prior medical branch blocks provided 100% relief. The claimant has increasing pain again. The claimant has undergone prior conservative measures including therapy. The request for cervical rhizotomy as above is appropriate. The request is medically necessary.