MAXIMUS Federal Services

Case Number:	CM15-0065506		
Date Assigned:	04/13/2015	Date of Injury:	12/03/1996
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 68 year old male, who sustained an industrial injury on December 3, 1996. The injured worker reported neck pain. The injured worker was diagnosed as having chronic cervical spondylosis, myalgia, myositis, chronic pain syndrome, chronic facet arthroscopy and cervical degenerative disc disease (DDD). Treatment and diagnostic studies to date have included trigger point injections, facet injections, physical therapy, acupuncture and medication. A progress note dated March 18, 2015 provides the injured worker has no neck pain or radiation due to recent cervical medial branch block. Physical exam notes cervical and lumbar tenderness. The plan includes radiofrequency nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Cervical Medial Branch Nerve Block 1st Nerve And 2nd Level And Subsequent Levels C2-C3 Ton And On The Right Side, IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Neck and Upper Back (Acute & Chronic)-Cervicogenic headache, facet joint neurotomy and Facet joint radiofrequency neurotomy and Facet joint diagnostic blocks.

Decision rationale: Radiofrequency cervical medial branch nerve block 1st nerve and 2nd level and subsequent levels C2-C3 TON and on the right side, IV sedation is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS ACOEM Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. The ODG states that the facet joint neurotomy for cervicogenic headaches is not recommended by the ODG. The MTUS does not address occipital nerve radiofrequency procedures. The ODG states that the facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches due to no significant long term difference between the facet neurotomy vs the sham patients. The ODG states that for facet neurotomy no more than two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Additionally, the ODG states that for facet joint diagnostic blocks that sedation need only be used in cases of extreme anxiety. The documentation indicates that the review of systems on multiple progress notes do not indicate evidence of anxiety therefore, IV sedation is not necessary. Additionally, the ODG guidelines do not support occipital nerve neurotomies. For these reasons, this request is not medically necessary.