

Case Number:	CM13-0044734		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2011
Decision Date:	12/11/2015	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 presents with neck pain following a work-related injury on July 11, 2011. The claimant was diagnosed with cervical spondylosis, cervical disc displacement, cervicgia, brachial neuritis, and muscle spasms. The claimant had diagnostic medial branch blocks on July 26, 2013. The claimant reported improvement in pain on the day of his injection. MRI of the cervical spine revealed advanced degenerative disease from C4-C7 with central and foraminal stenosis at multiple levels. The physical exam revealed tenderness and spasms in the cervical musculature, active range of motion was limited with severe crepitus, and reproducible cervicogenic headache symptoms on palpation of the occiput. The claimant's relevant medications include Celebrex, Nuvigil, Prevacid, Quinine sulfate, and Temazepam. The claim was made for radiofrequency ablation left at C4-5-6 and 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation left at C4, C5, C6, C7: Upheld

Claims Administrator 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 chapter: Criteria for use of facet

radiofrequency neurotomy and Low Back chapter: Criteria for use of diagnostic blocks for facet "mediated" pain.

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

Decision rationale: Radiofrequency ablation left at C4, C5, C6, C7 is not medically necessary. CA MTUS references the Occupation Medicine Practice Guidelines on page 300 which states that "facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Additionally, The Occupation Medicine Practice Guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with spinal pain that is non-radicular and had no more than 2 levels bilaterally, documentation of failed conservative therapy including home exercise physical therapy and NSAID is required prior to the diagnostic facet block. A request was made for four levels when only two levels are certifiable per ODG. Additionally, there is no documentation of diagnostic facet blocks resulting in at least 50% reduction in his pain; therefore, the request is not medically necessary.