

Case Number:	CM13-0006308		
Date Assigned:	01/22/2014	Date of Injury:	02/24/2001
Decision Date:	03/25/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68-year-old male with a date of injury of 02/24/2001. The listed diagnoses per [REDACTED] dated 07/15/2013 are: (1) Bilateral cervical facet pain, (2) Right improved with radiofrequency procedures, (3) Left cervical facet pain (return of pain after 2 years of post RF). According to report dated 07/15/2013 by [REDACTED], the patient presents with continued neck pain on the left side. Right neck pain was noted as stable post-radio frequency dated 04/22/2013. Patient reports left-sided neck pain "comes and goes" with mild occipital headache on the left. The patient's last left-sided RF was dated as March 2010. Examination of the cervical spine showed left cervical pain with extension and rotation. Tenderness was noted on the left cervical facet joints. "Mild occipital tenderness" was also noted. Treater requests Voltaren gel to manage stiffness and maintain ROM and a repeat left cervical RF.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 11% 300gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with continued bilateral neck pain. Treater requests Voltaren gel "to manage stiffness and maintain ROM". The MTUS Guidelines states that efficacy and clinical trials for this topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical treatment, recommended for short-term use, 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatments of osteoarthritis of the spine, hip, or shoulder. As indicated in the provided medical records, patient's complaints are of the cervical spine. The patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Recommendation is for denial.

Left cervical radiofrequency at C3, C4, C5 & C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: This patient represents with continued bilateral cervical spine pain. Utilization review dated 07/24/2013 denied request stating "there is no evidence of improvement in VAS score" from prior injection and "only two levels are to be injected at a time." ACOEM guidelines page 174 incidentally notes under foot note: "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. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (24,28). Caution is needed due to the scarcity of high-quality studies." For further discussion, ODG Guidelines states RF ablation is "under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with MBB 6-month interval from first procedure, adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required." In this case, as stated on Request for Authorization dated 07/17/2013, request is for "cervical RF at 4 levels and 1 outpatient visit." RF at 4 DMB levels constitute 3 facet joint levels. The ODG Guidelines do not support more than 2 joint levels to be performed at one time. Recommendation is for denial.