

Case Number:	CM13-0026929		
Date Assigned:	03/19/2014	Date of Injury:	01/05/2010
Decision Date:	04/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert 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 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/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 65-year-old female with date of injury 01/05/2010. Per treater's report 09/09/2013, patient presents with worsening neck pain, severe low back pain, leg pain, depression, and insomnia. The treater states that the patient's neck pain is getting worse currently on Norco, omeprazole, and gabapentin. Previously, patient had facet joint injections bilaterally at C5-C6 in 2012 greater than 70% pain relief for several months, recently asked for another injection which was not authorized. Another option will be to consider facet joint neurotomies and medial branch neurotomies. EMG/nerve conduction studies showed no evidence of radiculopathy. Exam was significant for pain to palpation over the facet joints at C5-C6 and C6-C7. Listed diagnoses were: 1. Cervical facet syndrome C5-C6 and C6-C7, painful. 2. Disk protrusions, currently without any radiculopathy or radiculitis for the cervical spine, C5-C6 and C6-C7. 3. S/P XLIF L4-L5 with posterior fusion, currently stable, L4-L5 spondylolisthesis and scoliosis. 4. Shoulder pain, right side. 5. Depression, insomnia, GI problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 AND C6-7 BILATERAL MEDIAL BRANCH FACET NEUROTOMIES WITH FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with persistent neck pain without any radicular features. MRI of the C-spine from 02/09/2011 reported by the treating physician showed multilevel disk protrusions including C3 through C7 facet arthropathies and minimal stenosis. The treating physician in his report 09/09/2013 states that this patient had a successful response to facet intraarticular injections bilaterally at C5-C6 from August 2012 with greater than 70% reduction of pain for several months. The operative report and followup progress reports were not provided for this review to verify this information. The treater apparently attempted getting a repeat facet injection authorized but this was denied, and now, he has asked for facet neurotomy of the medial branches at C5-C6 and C6-C7. Utilization review letter from 09/17/2013 denied the request. The rationale was that the patient was recently authorized for diagnostic medial branch blocks to confirm the diagnosis of facet joint syndrome. The reviewer wanted to verify the facet joint syndrome particularly at two levels at C5-C6 and C6-C7, before allowing radiofrequency ablation. ACOEM Guidelines do provide discussion regarding radiofrequency neurotomy for cervical facet joint pain stating that lasting relief has been reported in about 60% of cases. For radiofrequency ablation, ODG Guidelines requires a diagnosis of facet joint pain and approval depends on variables such as evidence of adequate diagnostic blocks, no more than two level joints to be performed at one time and there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. For a diagnosis of facet joint pain, one set of diagnostic medial branch blocks required with a response greater than 70% response, should be limited to patients with cervical pain that is nonradicular. In this case, the patient lacks a set of diagnostic medial branch blocks as brought up by the utilization reviewer. ODG Guidelines require at least one set of diagnostic medial branch blocks. The treater wants to proceed with radiofrequency rhizotomy based on the response from the facet intraarticular injection with 70% reduction that last several months at C5-C6 level. However, per ODG Guidelines, medial branch diagnostic blocks are required at the levels where radiofrequency ablation is to take place. In this case, the request for C5-C6 and C6-C7 and these facet joints have been inadequately tested via dorsal medial branch blocks. Facet rhizotomy is not indicated at these levels at this time. Recommendation is for denial.