

Case Number:	CM13-0027878		
Date Assigned:	11/22/2013	Date of Injury:	08/01/2003
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of August 1, 2003. A utilization review determination dated September 10, 2013 recommends noncertification of "facet blocks from C3 - C6 bilaterally with radiofrequency ablation if diagnostic," and pain management consultation. The reason for non-certification indicates that the patient has a previous C3 - C5 fusion. A progress report dated July 2, 2013 identifies subjective complaints stating, "[REDACTED] presents today with ongoing severe neck pain, and has questions regarding the cause of this pain. He had the opportunity to undergo a CT scan of the cervical spine dated May 14, 2013, which I have reviewed today. He continues to utilize the hard cervical collar. He has not been authorized for the spinal cord stimulator trial. Present complaints: [REDACTED] has complaints of ongoing neck pain which extends into the shoulders and down both arms." Physical examination identifies, "in palpation there is evidence of tenderness and spasm of the paracervical muscles. There is no tenderness over the base of the neck. There is no tenderness over the base of the skull. There is tenderness over the trapezius musculature bilaterally." Sensory examination identifies, "decreased over the right C6 dermatome distribution." Range of motion is identified as reduced in the cervical spine. A review of diagnostic tests includes a CT scan dated May 14, 2013 stating, "status Post ACDF (anterior cervical discectomy and fusion) at C3 through C5 without malalignment at the surgical levels. Surgical hardware components are radiographically intact." Diagnoses include C-3 facet arthropathy, C3 - 4 and C4 - 5 degenerative discs, bilateral cervical radiculopathy, C4 - 5 disc herniation, C4 - 5 stenosis, possible pseudo-arthritis, and status post C3 - C5 anterior cervical discectomy and fusion with cage and instrumentation on October 28, 2010. Treatment plan states, "apparently [REDACTED] has received an authorization for an open s

IMR ISSUES, DECISIONS AND RATIONALES

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

A facet block of C3 - C6, bilaterally, and radiofrequency ablation (if diagnostic): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter Facet, Joint Diagnostic Blocks Section, Facet Joint Pain Signs and Symptoms Section, Facet Joint Therapeutic Steroid Injections Section, and Facet Joint Radiofrequency Neurotomy Section.

Decision rationale: Regarding the request for facet block and radio frequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends facet joint diagnostic blocks prior to facet neurotomy. They go on to recommend agnostic blocks in patients whose pain is non-radicular, and not at levels of a previous fusion procedure. Regarding radiofrequency neurotomy, ODG supports the use of radiofrequency neurotomy provided there are successful medial branch blocks with at least 70% reduction in pain. Within the documentation available for review, there are clear subjective complaints and objective findings indicating that the patient has radiculopathic complaints. Guidelines clearly recommend against performing cervical facet injections or medial branch blocks in patients with ongoing radiculopathy. Additionally, guidelines recommend against performing medial branch blocks or facet injections at the levels of previous fusion. The documents provided indicate that the patient had a fusion at C3 through C5. The current medial branch block/facet injection is requested at C3 through C6. Clearly these injections are targeting an area of previous fusion, which is not supported by guidelines. The request for facet block of C3 - C6, bilaterally, and radiofrequency ablation (if diagnostic) is not medically necessary.

A pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for pain management consultation, it is unclear if this is a request for initial consultation to perform the requested medial branch blocks/radiofrequency ablation, or if this is a request for ongoing pain management treatment to continue providing opiate pain medication. The request for medial branch blocks/radiofrequency ablation has not met the burden of medical necessity. Therefore, a pain management consultation for that purpose would not be necessary. Ongoing pain management follow-up for patients on chronic opioid therapy is recommended by Chronic Pain Medical Treatment Guidelines. However, as

the patient has been followed by pain management for quite some time, it is unclear why a pain management consultation would be needed at the current time. The request for pain management consultation is not medically necessary.