

Case Number:	CM13-0028862		
Date Assigned:	08/08/2014	Date of Injury:	09/04/2013
Decision Date:	09/11/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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 Orthopedic Surgery 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on February 16, 2013. The mechanism of injury was not disclosed. A request had been made for facet joint medial branch blocks at C6-C7 and C7-T1 on the left and was not certified in the pre-authorization process on September 11, 2013 due to failure of the documentation to support signs and symptoms of facet syndrome. Subsequent documentation, dated September 11, 2013 from the requesting physician was provided and noted tenderness to palpation of the cervical paraspinal muscles on the left C5-T1 facet joints, cervical ranges of motion that were restricted by pain in all directions, cervical extension that was 10 with pain, flexion of 45 with pain, right lateral rotation of 45, left lateral rotation of 20, right side bending at 45, and left side bending at 30. Cervical extension was worse than cervical flexion. Nerve root tension signs were negative bilaterally, and muscle stretch reflexes were one and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffman's signs were absent. Sensation was intact, and muscle strength was 5/5 in all limbs. The remainder of the visit was unchanged from the prior documentation. A notation was made that the claimant's pain was axial, nonradicular, and sensation was normal. The medical record documentation supported that the claimant has failed to respond to conservative treatment including home exercises, physical therapy, and NSAIDs. Diagnostic imaging studies reported to include an MRI of the cervical spine from August 7, 2013, which revealed a C5-C6 disc protrusion measuring 1 mm with mild to moderate left neural foraminal stenosis, C6-C7, right paracentral disc protrusion measuring 2 mm and the C7-T1 1 mm broad-based disc protrusion, facet joint arthropathy, and degenerative disc disease. Additionally, an EMG/NCV study of the bilateral upper extremities was certified on April 30, 2013. An EMG/NCV study from June 2014 revealed a left C6 radiculopathy with a suggestion of chronic right C6 irritation. An encounter note dated July 24, 2013 from the requesting physician

referenced a subjective complaint of neck pain radiating to the left shoulder, left arm, left forearm, and left radicular hand complaints with paresthesias. The diagnoses were left cervical radiculopathy with left upper extremity weakness. Subsequent encounters in 2014 continue to reference left-sided radicular symptoms. Additionally, a progress note from July 17, 2014 indicated that the claimant continued to have cervical spine symptoms consistent with the left C6 radiculopathy and left C5-C6 foraminal stenosis and a left C5-C6 posterior cervical, foraminotomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Medial Branch Blocks C6-7 and C7-T1 left side.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks.

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): ODG -TWC / ODG Treatment/Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic).

Decision rationale: California MTUS does not address facet joint radiofrequency ablation for the cervical spine. The ACOEM guidelines make no recommendation for or against this procedure, but sites limited evidence that neurotomy may be effective. Therefore, ODG guidelines are used which provide criteria for the use of cervical facet radiofrequency neurotomy, only after the diagnosis of facet joint pain via diagnostic facet joint blocks. However, despite the appeal letter indicating that the claimant has physical exam findings supporting the facet joint as the pain generator, preceding and subsequent documentation for multiple providers continue to reference left-sided radicular symptoms. In fact, subsequent to this request and appeal, in fact, the claimant was recommended to undergo surgical intervention for left C5-C6 posterior cervical foraminotomies and for the left C6 radiculopathy, and left C5-C6 foraminal stenosis. The medical documentation continues to identify strong evidence supporting radicular pathology as the primary pain generator, rather than facet joint pain. As such, this request is medically necessary.