

Case Number:	CM13-0029880		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2001
Decision Date:	02/19/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/25/2013

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 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. 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:

This is a female patient with a date of injury of October 17, 2001. A utilization review determination dated September 19, 2013 recommends, non-certification for radiofrequency right cervical medial branch nerves C5, C6, and C7. A progress report dated September 25, 2013 indicates that the patient continues to have neck and shoulder pain. The note states that the patient's pain was almost completely resolved with bilateral medial branch block at C5, C6, and C7. Physical examination identifies positive pain with facet loading, and positive tenderness to palpation around the cervical spine. Impression states cervical facet arthropathy with acute exacerbation. Treatment plan states that an appeal was sent by the patient and tramadol was prescribed. A progress report dated September 10, 2013 indicates that the patient had over 50% relief of pain with bilateral medial branch blocks at C5, C6, and C7. Authorization is requested for radiofrequency ablation on the right at C5, C6, and C7. A progress report dated October 16, 2012 includes diagnoses of post cervical fusion and cervical radiculopathy. Physical examination identifies a reduced strength in bilateral upper extremities. A progress report dated August 29, 2012 indicates that neck pain was improved 50% with bilateral medial branch blocks at C5, C6, and C7. A progress report dated July 11, 2012 requests authorization for bilateral medial branch blocks. In February 2012, the provider identifies pain traveling into both arms increased on the left side. The note indicates that the patient has undergone a C6 - C7 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Right Cervical Medial Branch Nerve C5, C6, and C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, there is no indication that the employee has had a medial branch blocks with greater than or equal to 70% reduction in pain. Additionally, notes indicate that the employee has had a cervical fusion at C6-7. The currently requested levels for radiofrequency ablation include C5, C6, and C7. These levels include the previously fused level. Finally, there is no documentation of failed conservative treatment including physical therapy and a home exercise program. In the absence of such documentation, the currently requested radiofrequency ablation is not medically necessary.