

Case Number:	CM13-0034541		
Date Assigned:	12/11/2013	Date of Injury:	08/19/2009
Decision Date:	07/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine 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 50 year-old woman who was injured while at work on 8/19/2009. The injury was primarily to the neck, back and shoulders. She is requesting review of a denial for a bilateral cervical neurotomy at the C4-5 level. The medical records corroborate ongoing care for these injuries. The Primary Treating Physician's Progress Reports (PR-2s) are included. They indicate that the patient's ongoing diagnoses include: Herniated Nucleus Pulposus; Facet Syndrome; and Status Post Cervical Fusion. There are also notes from [REDACTED] at [REDACTED]. The patient has received care from [REDACTED] for her neck, back and shoulder pain. Medication treatment has included: Norco, Ambien, Omeprazole, and Butrans Transdermal Patch. In the September 5, 2013 encounter, [REDACTED] describes the patient's persistent neck pain. Physical examination was notable for "80% of normal" flexion. Extension was limited due to pain. Side to side bending was "50% of normal." The treatment plan included continuing the listed medication and requesting authorization for facet joint neurotomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral cervical neurotomy at C3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/neck.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

Decision rationale: The Official Disability Guidelines comment on the criteria for the use of facet neuropathy. These guidelines state the following: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. 12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. Of these stated criteria, the one most relevant in this case is #11. Specifically, the medical records indicate that this patient has undergone cervical fusion at the planned injection level. Therefore, the ODG Guidelines do not support the use of a bilateral cervical neurotomy at the C3-4 level. In conclusion, bilateral cervical neurotomy at this level is not medically necessary.

A bilateral cervical neurotomy at C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/neck.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

Decision rationale: The Official Disability Guidelines above comment on the criteria for the use of facet neuropathy. Of these stated criteria, the one most relevant in this case is #11. Specifically, the medical records indicate that this patient has undergone cervical fusion at the planned injection level. Therefore, the ODG Guidelines do not support the use of a bilateral cervical neurotomy at the C4-5 level. In conclusion, bilateral cervical neurotomy at this level is not medically necessary.

A bilateral cervical neurotomy at C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/neck.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

Decision rationale: The Official Disability Guidelines above comment on the criteria for the use of facet neuropathy. unnecessary treatment. Of these stated criteria, the one most relevant in this case is #11. Specifically, the medical records indicate that this patient has undergone cervical fusion at the planned injection level. Therefore, the ODG Guidelines do not support the use of a bilateral cervical neurotomy at the C5-6 level. In addition, the ODG Guidelines also comment on other criteria for the use of cervical facet neurotomy. These criteria also state that no more than two joint levels are to be performed at one time. Further, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The request for three separate neurotomy procedures does not follow these ODG Guidelines. Finally, there is no documentation in the records of a formal plan of rehabilitation in addition to facet joint therapy. In conclusion, bilateral cervical neurotomy at this level is not medically necessary.