

Case Number:	CM13-0044126		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2010
Decision Date:	02/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/28/2013

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 Pain Management & 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 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 57 year-old female who injured her neck and back at work on 2/25/2010 from lifting heavy items. According to the 12/2/13 report, she is diagnosed with: cervicalgia with Left more than Right radiculopathy; C5/6 and C6/7 disc herniations; cervical spondylosis with cervicogenic headache; myofascial pain/spasm; low back pain with new onset left leg pain status / post fusion L5 and L5 on 5/2012; poor sleep hygiene due to chronic pain; reactive depression/anxiety; gastritis secondary to COX1 NSAIDs. The IMR application shows a dispute with the 10/10/13 Utilization Review (UR) denial of Request For Authorization (RFA) at left C2,C3,C4,C5. The UR letter was from Bunch CareSolutions and was based on the 10/1/13 medical report from [REDACTED]. The 10/1/13 report states the patient had left C2,3,4, and 5 Medial Branch Block (MBB) on 9/6/13 and had 60-70% relief the first day and it lasted almost a month, but was at baseline on 10/1/13. The 9/6/13 procedure report shows left Medial Branch Block (MBB) at left C2, C3/4, C4/5 wit moderate IV sedation and local anesthesia. Versed and Fentanyl were used, and the injection was with 6mg betamethasone with 6 cc total volume of 0.5% bupivacaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Radio frequency ablation at left C2,C3,C4, and C5 .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301..
Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 147-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC Neck Chapter, for facet joint injections and ODG Neck chapter online for Facet joint radiofrequency neurotomy).

Decision rationale: The 10/1/13 report states the patient had the Medial Branch Block (MBB) at 3-levels C2/3, C3/4 and C4/5 on 9/6/13 and had 60-70% relief the first day, but by 10/1/13 she is back at baseline. Average pain is rated at 4-7/10. The 9/3/13 report shows average pain at 6-7/10. There is no discussion of the patient documenting Visual Analog Scale (VSA) pain maximum relief and duration. The 9/6/13 diagnostic test was not performed in accordance with ODG guidelines and the outcome cannot be considered valid. MTUS states there should be over 70% relief for the duration of the anesthetic agent. The reporting shows 6-7/10 prior to the injection and 4-7/10 after, there is no indication that the pain relief even reached 50%. ODG states: "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" The patient was given IV sedation with Versed and fentanyl . ODG states No more than 2 joint levels are injected in one session (see above for medial branch block levels) this patient had 3-levels. ODG states Opioids should not be given as a "sedative" during the procedure. The patient was given fentanyl. ODG states: 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 There was no discussion of this. The patient has not had a valid diagnostic Medial Branch Block (MBB), and ODG for Request For Authorization (RFA) states treatment requires the diagnosis of facet joint pain which is only done with facet Medial Branch Block (MBB). ODG for Request For Authorization (RFA) states No more than two joint levels are to be performed at one time. The request is for 3-levels. The request is not in accordance with ODG guidelines. Therefore, Decision for Radio frequency ablation at left C2,C3,C4, and C5 is not medically necessary and appropriate.