

Case Number:	CM13-0044423		
Date Assigned:	12/27/2013	Date of Injury:	05/26/2011
Decision Date:	06/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & 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 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 57 year old female with date of injury 5/26/11. The treating physician report dated 10/10/13 indicates that the patient presents with moderate lower back pain and neck pain with lower extremity pain. The current diagnoses are: 1. Lumbar spondylosis, DDD, muscle spasms and facet arthropathy. 2. Neuralgia, neuritis and radiculitis unspecified 3. Sacroiliitis 4. Cervical DDD with spondylosis 5. Myalgia 6. Right CTS 7. Depressive type psychosis The utilization review report dated 10/22/13 denied the request for Medical branch block cervical C3, C4, C5 and radiofrequency cervical left C2, C3, C4, C5 based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MEDIAL BRANCH NERVE BLOCK CERVICAL-R TON C3, C4 AND C5:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The patient presents with chronic neck pain. The current request is for one medial branch nerve block cervical right C3, C4 and C5. The examination findings state, "Positive for back pain, joint pain, muscle weakness, neck pain, negative for joint swelling." The MTUS guidelines do not address cervical medial branch nerve blocks. The ODG guidelines do recommend facet joint diagnostic blocks. The criteria for the injection is that the patient must have cervical pain that is non radicular and at no more than two levels bilaterally, no more than 2 joint levels are injected in one session. In this case the treater has recommended a block at C3, C4 and C5. Three medial branch blocks covers 2 facet joint levels because of the medial branch overlap which in this case is the C3/4 and C4/5 facet joints. The treater in this case has documented cervical facet tenderness, failure to improve with conservative care, lack of cervical radiculopathy and the request is for two facet joint levels. Recommendation is for authorization. The request for one (1) medial branch nerve block cervical-r ton c3, c4 and c5 is medically necessary and appropriate.

ONE (1) RADIOFREQUENCY CERVICAL LEFT TON C2, C3 AND C4 AND C5:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The patient presents with chronic neck pain. The current request is for one radiofrequency cervical left C2, C3 and C4 and C5. The examination findings state, "Positive for back pain, joint pain, muscle weakness, neck pain, negative for joint swelling." The treating physician report dated 2/26/13 states that patient underwent Cervical Medical Branch Nerve Block at C3, C4 C5, TON on the left side. The pre procedure pain score was 7/10 and post procedure the pain score was 1/10. The treater states, "Since the patient reports 85% improvement in regards to her facetogenic neck pain following today's procedure, I request authorization for a RFA of the left TON, C3, C4 and C5 Medial Branch Nerves." The MTUS guidelines do not address radiofrequency ablation. However, ODG guidelines provide specific criteria for this procedure. The criteria for facet joint radiofrequency neurotomy states, "1. Treatment requires a diagnosis of facet joint pain. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time." In this case the treating physician has documented that the patient has facet joint pain that responded well to the medical branch block that was performed on 2/26/13. The request is for RFA at C2, C3, C4 and C5. While the request may appear to be requesting 4 levels the ODG guidelines allow for 4 levels of RF neurotomy to cover two facet joints based on the medial branch overlap. Recommendation is for authorization. The request for one (1) radiofrequency cervical left ton c2, c3 and c4 and c5 is medically necessary and appropriate.