MAXIMUS Federal Services

Case Number:	CM13-0050276		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2012
Decision Date:	04/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/11/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 62-year-old female with a reported date of injury of 05/31/2012; the mechanism of injury was a cumulative trauma injury which resulted in injuries to the hands, wrists, and neck. On 08/22/2013, the patient underwent a left cervical facet diagnostic block with some reported initial pain relief for a few hours. The patient reported 8/10 pain in the neck, as well as sharp pain to the head rated 10/10 associated with decreased ability to perform activities of daily living as well as decreased quality of life. Upon physical examination, cervical spine flexion was 40 degrees, extension was 40 degrees with 2+ pain, lateral bending to the right was 30 degrees, lateral bending to the left was 25 degrees, rotation to the right was 60 degrees, and rotation to the left was 40 degrees. The patient had pain to the spinous processes at C5 and C6 on the midline. The patient had pain to the facets at C2-C6 on the left side and moderate to severe paracervical muscle spasm, more on the left. Foraminal compression was positive on the left side at 2+. The MRI of the cervical spine performed on 08/28/2012 revealed disc protrusion at C2-3 at 1 mm to 2 mm, 3 mm spondylolisthesis of C3 and disc protrusion, 2 mm spondylolisthesis of C4, a 3 mm disc protrusion at C5-6 with spinal canal narrowing, and also facet arthrosis at C3-4, C4-5, and C5-6. There was a disc protrusion at C6-7 with 2 mm to 3 mm bilateral neural foraminal narrowing and facet arthrosis. The diagnoses include cervical spine sprain/strain; bilateral carpal tunnel syndrome; persistent axial left-sided neck pain; uncontrolled hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CERVICAL FACET RADIOFREQUENCY ABLATION LEVELS C3-4.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174,Chronic Pain Treatment Guidelines.

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

Decision rationale: The Expert Reviewer's decision rationale: The Official Disability Guidelines state a radiofrequency ablation is under study as there is conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. 1 randomized controlled trial was performed on patients with neck pain at the C3 to C7 level after a motor vehicle collision. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The request for Left cervical facet radiofrequency ablation levels C3-4 is non-certified. The patient received a cervical facet diagnostic block on 08/22/2013 with some initial relief of pain for few hours as evidenced by VAS and decreased ability to perform activities of daily living. The guidelines recommend documented improvement in function from diagnostic blocks. Also, the patient was noted to have positive foraminal compression test on the left side which would not be indicative of facet mediated pain. As such, the request is non-certified.