

Case Number:	CM13-0059300		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2005
Decision Date:	06/26/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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, 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 injured worker is a 59-year-old female who reported an injury on 08/24/2005. The mechanism of injury was not provided within the documentation. A re-evaluation report dated 03/12/2013 noted the MRI of the cervical spine showed a significant disc herniation at the supra-adjacent level to the fusion at C3-4 with marked bilateral foraminal stenosis and C4 nerve compression. There was a slight spondylolisthesis at C6-T1 with some foraminal stenosis, but not of an overt nature. The CT of the cervical spine showed malpositioning of the C4 screws, which transcend into the disc space at C3-4 and a very high positioning of the plate itself, which is anterior to the C3-4 disc space and resulting in a very large anterior osteophyte from the vertebral body at C3. There is no overt foraminal stenosis from the C4-7 levels. There appeared to be a good bony fusion at C4-7. Diagnoses for the injured worker were reported to include L4-5 disc herniation with marked bilateral foraminal stenosis, C3-4 adjacent segment disc herniation with marked bilateral foraminal stenosis. Advanced disc deterioration at C3-4 with marked anterior osteophytes at C3-4, and malpositioning of plate and screws at C4. The Request for Authorization for medical treatment and the provider's rationale for the radiofrequency of the bilateral cervical facets at C3-4 and C4-5 levels under fluoroscopy were not provided in the documentation. There was no documentation regarding physical examination findings or prior treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIO FREQUENCY OF BILATERAL CERVICAL FACETS (MEDIAL BRANCH NEUROTOMY) C3-C4, C4-C5 LEVELS UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8-NECK AND UPPER BACK COMPLAINTS, 174

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: Per the ACOEM Guidelines there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among injured workers who had a positive response to facet injections. Lasting relief (8 to 9 months, on average) from chronic neck pain has been achieved in about 60% of cases across 2 studies, with an effective success rate on repeat procedures. Caution is needed due to the scarcity of high quality studies. Per the Official Disability Guidelines, criteria for use of cervical facet radiofrequency neurotomy include, a diagnosis of facet joint pain, evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function, no more than 2 joint levels at 1 time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks with at least 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. There was a lack of documentation regarding any conservative treatments for the injured worker. There was a lack of objective clinical findings regarding physical or neurological examination of the injured worker. There was a lack of documentation regarding previous diagnostic blocks and the outcomes of those blocks. Therefore, the request for radiofrequency of bilateral cervical facets at the C3-C4 and C4-C5 levels under fluoroscopy is non-certified.