

Case Number:	CM13-0059972		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2013
Decision Date:	04/03/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, 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:

The patient is a 62 year old female who reported an injury on 01/17/2011. The mechanism of injury was not provided. The clinical documentation dated 09/04/2013 revealed the patient was post cervical medial branch block injection on the left and had some benefit from the injection. The documentation dated 10/30/2013 revealed the patient was post medial branch block in the cervical spine and reported a favorable response and the patient was getting good pain relief with current medications, which were giving her functional improvement. The physical examination revealed the patient had positive tenderness over the paracervical musculature. Motor testing was 5/5 to all muscle groups. The patient's diagnosis was noted to include cervical spine herniated disc and the treatment plan was noted to include a radiofrequency ablation if the patient had recurrence of her symptoms and medications that were prescribed that day were noted to be Nucynta 75 mg 1 by mouth 4 times a day #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cervical Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation the Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck and Upper Back Chapter, Facet joint diagnostic blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back Chapter, section on Facet joint radiofrequency neurotomy

Decision rationale: ACOEM Guidelines indicate that radiofrequency neurotomies and facet rhizotomy are optional for chronic regional neck pain as there is limited evidence that they may be effective in relieving or reducing cervical facet joint pain. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomies are under study. However, the criteria for use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain which is indicated by subjective unilateral pain that does not radiate past the shoulder and objective findings of axial neck pain with no radiation, tenderness to palpation in the paravertebral area (facet region), decreased range of motion with extension and rotation and the absence of radicular findings and/or neurologic findings. Guidelines further indicate that approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in pain scores, and documented improvement in function. No more than two joint levels should be injected one time. Additionally, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The clinical documentation submitted for review failed to indicate the patient had facet joint pain, as there was a lack of documentation of the patient's symptomatology. There was a lack of documentation indicating that the patient had axial neck pain with no radiation, and there was a lack of documentation indicating the patient's dermatomal examination. The patient's myotomes were noted to be normal. The patient was noted to have undergone a medial branch block in the cervical spine and reported a favorable response; however, there was a lack of documentation indicating a documented improvement in the pain score and documented objective improvement in function. There was a lack of documentation indicating there was a formal plan of rehabilitation in addition to the facet joint therapy. Additionally, per the submitted request, there was a lack of documentation indicating the level and laterality for the radiofrequency ablation. Given the above, the request for a retrospective cervical radiofrequency ablation is not medically necessary and appropriate.