

Case Number:	CM13-0064949		
Date Assigned:	01/03/2014	Date of Injury:	07/10/2003
Decision Date:	06/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 56-year-old female with a 7/10/03 date of injury. At the time of request for authorization for Cervical Radiofrequency Ablation Bilateral C5-6, there is documentation of subjective (neck pain and numbness radiating down the right arm, shoulder, and hand/digits with numbness) and objective (tenderness to palpation of the left cervical spine with scalp tenderness over the distribution of the occipital nerves posteriorly, tenderness over the cervical facet joint from C2-C7, tenderness of the spinal processes of C4 and C6, decreased reflex of the upper extremities, and decreased cervical range of motion) findings, current diagnoses (cervical facet syndrome and stable cervical disc disease with cervical neuralgia with non-radicular cervical symptoms), and treatment to date (medications). In addition, medical report plan indicates radiofrequency ablation of the cervical C5-6 bilateral facet joint in addition to a home exercise program and cervical mobilization techniques. There is no documentation of at least one set of diagnostic medial branch blocks with a response of $\geq 70\%$.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL RADIOFREQUENCY ABLATION BILATERAL AT C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174;300-301,Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet joint radiofrequency neu.

Decision rationale: The MTUS reference to ACOEM guidelines state that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of $\geq 70\%$, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome and stable cervical disc disease with cervical neuralgia with non-radicular cervical symptoms. In addition, there is documentation of no more than two joint levels will be performed at one time and a formal plan of additional evidence-based conservative care in addition to facet joint therapy (home exercise program, cervical mobilization techniques, and medications). However, there is no documentation of at least one set of diagnostic medial branch blocks with a response of $\geq 70\%$. Therefore, based on guidelines and a review of the evidence, the request for Cervical Radiofrequency Ablation Bilateral C5-6 is not medically necessary.