MAXIMUS Federal Services

Case Number:	CM13-0068394		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2006
Decision Date:	05/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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, has a subspecialty in Pain Management, 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 an employee of [redacted] and has submitted a claim for neck pain with an industrial injury date of May 10, 2006. Treatment to date has included medications and diagnostic cervical medial branch block, the latter of which provided 90% pain relief lasting up to 4 hours. Utilization review from November 26, 2013 denied the request for left radiofrequency ablation of the cervical medial branch nerves levels C4-5 and C5-6 because further classification regarding the patient's response to previous medial branch block was needed to establish the medical necessity of the request. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of left-sided neck pain, graded 3-6/10 in severity, radiating to the left shoulder and between the shoulder blades. On physical examination of the cervical spine, a surgical scar was noted. Range of motion was restricted. Paravertebral muscles had tenderness and trigger point (a twitch response was obtained along with radiating pain on palpation) was noted on the left side. No spinal process tenderness was noted. There was tenderness at the paracervical muscles and trapezius. Spurling's maneuver and Adson's test were negative. Upper extremity reflexes were equal and symmetric. Cervical facet loading was positive on the left. Examination of the thoracic and lumbar spine was unremarkable. Examination of the left hand showed restricted range of motion with tenderness over the thenar eminence. An x-ray of the cervical spine dated 12/3/13 showed abnormal motion at C3-4 and C4-5; anterolisthesis at C3-4 and C4-5; adjacent segment degenerative disc disease at C5-6; S/P anterior intervertebral disc prosthesis C6-7; and reversal of the normal cervical lordosis which could be secondary to patient position versus muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT RADIOFREQUENCY ABLATION OF THE CERVICAL MEDIAL BRANCH NERVES LEVELS C4-5 AND C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Official Disability Guidelines: Neck And Upper Back Chapter, Facet Joint Radiofrequency Neurotomy.

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

Decision rationale: According to page 173 of the ACOEM Practice Guidelines, there is limited evidence that radiofrequency (RFA) neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections and caution is needed due to the scarcity of high-quality studies. In addition, criteria for cervical RFA include at least one set of diagnostic medial branch blocks with a response of greater or equal to 70% for at least 2 hours; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, although previous medial branch block provided 90% relief for 4 hours, the medical reports did not show failure of conservative management. Furthermore, there was no discussion regarding plans of additional conservative care as adjunct to facet joint therapy. The guideline criteria have not been met. Therefore, the request for left radiofrequency ablation of the cervical medial branch nerves levels C4-5 AND C5-6 is not medically necessary.