MAXIMUS Federal Services

Case Number:	CM13-0070604		
Date Assigned:	04/18/2014	Date of Injury:	05/20/2009
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 has filed a claim for cervical sprain and facet pain associated with an industry injury of May 20, 2009. Thus far, the patient has been treated with Norco, muscle relaxant, Celebrex, Senekot, transcutaneous electrical nerve stimulation (TENS), and heat. The patient has had previous left radiofrequency ablation (RFA) neurotomy at C2-3, C3-4, C4-5, and C5-6 on June 27, 2013. In a utilization review report of December 10, 2013, the claims administrator denied a request for left radiofrequency neurotomy as there is no documentation regarding previous RFA and change in function or decrease in medication use. Review of progress notes shows decrease in hydrocodone dose from 30mg to 20mg per day. The patient still reports persistent head and left neck pain with difficulty with range of motion to perform tasks, which was not present following radiofrequency. The patient notes 8 months of greater than 75% relief. Findings include tender cervical facet joints with pain upon extension and rotation to the left. The patient also has depression for which Cymbalta is prescribed. Cervical MRI (magnetic resonance imaging) dated June 16, 2009 showed multilevel mild cervical disc degeneration and facet arthropathy, mild multilevel cervical foraminal narrowing likely without neuropathic encroachment, and mildly effaced ventral thecal sac at C3-4 and C6-7 with minimal flattening of the ventral cord at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT RADIOFREQUENCY NEUROTOMY AT C3-4 AND C4-5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation fficial Disability Guidelines (ODG), Integrated Treatment/Disabilty Duration Guidelines, Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The CA MTUS states that radiofrequency neurotomy of facet joint nerves in the cervical spine provide good temporary relief of pain. The Official Disability Guidelines (ODG) criteria for radiofrequency ablation (RFA) include evidence of adequate diagnostic blocks, documented improvement in visual analog scale (VAS) score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at â¿¥ 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. In this case, patient had prior RFA neurotomy done on June 27, 2013 with resulting 8 months of > 75% relief. The patient was able to stay off or take minimal medications during the weeks after, and currently tolerates lower dose of opioids. There is also note of increased functionality such as being able to turn the neck and drive properly, and work full time without restrictions. A repeat left RFA neurotomy at C3-4 and C4-5 is medically necessary for continued improvement.