

Case Number:	CM14-0005474		
Date Assigned:	01/24/2014	Date of Injury:	11/23/1999
Decision Date:	06/13/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 reported a date of injury on 11/23/1999. The injured worker complained of neck pain with bilateral arm pain and numbness. According to the clinical note dated 12/05/2013 the injured worker rated her average pain at 5/10. A medial branch block was performed on 04/10/2013 which provided the injured worker 80% relief on the first day and the injection lasted "about a month". The injured workers diagnoses included post cervical region laminectomy syndrome, cervicocranial syndrome, lumbago, thoracic spine pain, and cervicalgia. The injured worker's medication regimen included Xanax, Lunesta, Cymbalta, Duexis, Opana ER and Oxycodone. The request for authorization for right C2, 3, 4, 5 medial branch radiofrequency ablation was submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C2,3,4,5 MEDIAL BRANCH 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 Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The ACOEM guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. According to the Official Disability Guidelines Treatment requires a diagnosis of facet joint pain. Approval depends on variables such as evidence of adequate diagnostic blocks and documented improvement in function. No more than two joint levels are to be performed at one time. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The clinical information provided for review lacks documentation of functional deficits. The provider noted a medial branch block performed on 04/10/2013 provided the injured worker 80% relief on the first day and the injection lasted "about a month"; however, it was not specified at what levels the medial branch block was performed. Furthermore, there is a lack of clear documentation as to rehabilitation plans and goal in the utilization of radiofrequency ablation. The requested procedure is for 3 joint levels which would exceed the guideline recommendations. Therefore, the request for right C2,3,4,5 medial branch radiofrequency ablation is not medically necessary and appropriate.