MAXIMUS Federal Services

Case Number:	CM14-0006452		
Date Assigned:	02/07/2014	Date of Injury:	06/20/2011
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 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:

The patient is a 38-year-old female who has submitted a claim for occipital neuralgia, shoulder pain, cervicalgia, cervical facet arthropathy, and chronic pain due to trauma, all associated with an industrial injury date of June 20, 2011. Medical records from 2012-2013 were reviewed, which showed that the patient reported >95% improvement in her pain during the anesthetic phase of the diagnostic cervical facet joint medial branch blocks. She also reported that her shoulder pain was greatly improved, but continued to cause her some discomfort. On physical examination, there was tenderness over the C2 and C6 facet joints. Range of motion was limited. Muscle spasm was also noted. Examination of the upper extremity revealed well-healed surgical scar with shoulder range of motion within normal limits. A recent imaging study of the cervical spine was not included in the records for review. Treatment to date has included medications, physical therapy, trigger point injections, chiropractic care, cervical spine steroid injections, right shoulder arthroscopy, and diagnostic cervical medial branch blocks on November 6, 2012 and December 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

R C2-C6 RADIOFREQUENCY LESIONING: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 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, the Official Disability Guidelines (ODG) state that criteria for use of cervical facet radiofrequency neurotomy include: (1) treatment requires a diagnosis of facet joint pain; (2) approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in function, and documented improvement in function; and (3) they should not be required at an interval of less than six months from the first procedure. In this case, the request for cervical radiofrequency lesion of the right C2 and C6 was made based on the patient's report of >95% improvement in pain scores during diagnostic medial branch blocks performed on December 3, 2013. It was also reported that the patient failed physical therapy, NSAIDs, and conservative therapy for her neck. The patient has met the criteria stated by the ODG. As such, the request is medically necessary.