

Case Number:	CM14-0007539		
Date Assigned:	02/10/2014	Date of Injury:	10/20/2011
Decision Date:	06/24/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 58-year-old female with date of injury 10/20/2011. Per treating physician's report 12/04/2013, the patient presents with majority of pain on the left neck with radiation to the shoulders, paresthesia in the index and thumb thought secondary to a combination of C5-C6 stenosis and facet arthropathy. The last epidural injection improved her pain by 60% or so but only lasted 3 to 4 days, and review of all the injections showed that the facet injection and medial branch radiofrequency provided the best results. She also states, "The radiofrequency seemed to improve her base of neck pain very well but not the middle upper back where he pain continues to exist." Examination showed facet and paracervical tenderness, neurologically normal reflexes, and distal sensation. Motor examination was normal. Diagnostic impressions are: - Neck pain with radiation on the left thumb with MRI evidence of C5-C6 neuroforaminal stenosis. - Differential diagnosis include possible facet arthropathy versus DDD response to left C6 trans ESI has been less than optimal. - Had nerve conduction studies, EMG in 2012, normal. - History of left shoulder surgery with slight limitation on range of motion. - AID/sarcoidosis, pulmonary involvement currently on stable dose of steroid. Under treatment plan, scheduled for repeat left C5 to C7 medial branch radiofrequency ablation, consider adding C3-C4 medial branch radiofrequency as well. The patient had left C5 to C7 radiofrequency ablation on 08/05/2013, and left C3-C4 and C6-C7 facet injections on 05/13/2013. Progress report from 09/12/2013 states, "I have not had improvement yet." The patient has pain on the left side more so than right side with 90% with paresthesia in left index and thumb, patient had some flareup with medial branch radiofrequency with no much improvement yet. A 10/29/2013 report states, "The base of my neck doing okay, but my neck pain and arm is still a problem." The patient has left more than right pain but majority of the pain is in the left neck with radiation to the shoulder

with paresthesia in the index and thumb has improved somewhat but "Actually, she still has significant pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT C5-7 MEDIAL BRANCH RADIOFREQUENCY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria For The Use Of Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regarding Facet Joint Signs and Symptoms, Criteria for the use of diagnostic blocks for facet nerve pain, and Criteria for use of cervical facet radiofrequency neurotomy

Decision rationale: ODG Guidelines do not support repeating this procedure unless significant reduction of pain and functional gains has been achieved. In this case, the patient did not experience any significant reduction of the pain, improvement in function or reduction in use of medication following RF ablation treatment from 08/05/2013. This patient presents with chronic and persistent neck pain. Their treating physician has asked for repeat left C5 to C7 radiofrequency (RF) ablation. Review of the reports show that the patient underwent left C5 to C7 RF ablation on 08/05/2013. Follow up progress report on 09/12/2013 states that the patient has not improved. Progress report on 10/29/2013 indicates, "She still has significant pain," pain worse on the left than right, majority of the pain in the base of the neck. Recommendation is for denial. The request for Left C5-7 Medial Branch Radiofrequency is not Medically Necessary and Appropriate.

LEFT C3-4 MEDIAL BRANCH RADIOFREQUENCY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria For The Use Of Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regarding Facet Joint Signs and Symptoms, Criteria for the use of diagnostic blocks for facet nerve pain, and Criteria for use of cervical facet radiofrequency neurotomy

Decision rationale: ODG Guidelines do not recommend left RF ablation until the patient has had positive diagnostic medial branch blocks. In this case, the patient has not had diagnostic left C3 and C4 medial branch blocks. This patient presents with chronic left-sided neck pain. The request is for left C3-C4 medial branch RF ablation. This patient underwent left C5 to C7 RF ablation on 08/05/2013 without any benefit as documented above. The treating physician wanted to add C3 and C4 levels for better coverage, but there is no evidence that RF ablation will be of

any benefit on this patient as this has already been tried. Direct RF ablation of these medial branches would not be indicated. Recommendation is for denial. The request for Left C3-4 Medial Branch Radiofrequency is not Medically Necessary and Appropriate.