

Case Number:	CM14-0011214		
Date Assigned:	02/21/2014	Date of Injury:	01/19/2001
Decision Date:	07/14/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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 43-year-old male who has submitted a claim for Cervical Radiculopathy, Cervical Syndrome, Lumbar Spondylosis, and Myofascial Pain, associated with an industrial injury date of January 19, 2001. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of axial pain in the neck and lumbar spine pain. Pain level was reported to be 8/10. On physical examination, there was tenderness of the C3-4 and C4-5 facet joints and of the lumbar paraspinals and facet joints. Gait was antalgic. Treatment to date has included medications, physical therapy, gym program, right shoulder arthroscopy, right shoulder injections, lumbar epidural steroid injections, lumbar medial branch block, lumbar facet joint radiofrequency ablation, cervical epidural steroid injections, C5-6 anterior cervical discectomy and fusion, trigger point injections, cervical spinal cord stimulator, cervical medial branch block, bilateral C3-C7 facet joint injections with radiofrequency ablation (July 11, 2007), and bilateral C4-5 and C5-6 radiofrequency ablation (December 9, 2011; June 22, 2012). Utilization review from December 23, 2013 denied the request for 1 BILATERAL RADIOFREQUENCY DENERVATION OF THE CERVICAL FACET JOINTS FOR THE LEVELS OF C3-5 & C5-6 X 1 WITH FLUOROSCOPIC GUIDANCE, AS AN OUTPATIENT because there was no data presented that the previous procedure had any effect on pain level, the medications being taken, or physical functionality and guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL RADIOFREQUENCY DENERVATION OF THE CERVICAL FACET JOINTS FOR THE LEVELS OF C3-5 & C5-6 X 1 WITH FLUOROSCOPIC GUIDANCE, AS AN OUTPATIENT: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: CA MTUS does not specifically address repeat facet joint radiofrequency neurotomy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) were used instead. ODG states that while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). In this case, repeat radiofrequency denervation of the cervical facet joints was requested for axial neck pain. The previous radiofrequency ablation procedure was reported to have provided more than six months of 60% pain relief. Guideline criteria was met. Therefore, the request for 1 Bilateral Radiofrequency Denervation of the Cervical Facet Joints for the Levels of C3-5 & C5-6 X 1 with Fluoroscopic Guidance, as an Outpatient is medically necessary.