

Case Number:	CM14-0013955		
Date Assigned:	02/26/2014	Date of Injury:	02/27/2008
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 66-year-old male patient with a February 27, 2008 date of injury. A January 14, 2014 progress report indicates chronic neck pain, formerly responsive to cervical rhizotomy with 80% pain relief for over 6 months. The patient also reported greater ability to perform activities of daily living. A cervical MRI demonstrates uncovertebral spondylosis and facet arthropathy resulting in stenosis of the neural foramina at C4-5 and C5-6, with degenerative disk disease between C3-4 and C5-6. The patient reported about 80% relief of symptoms for over 6 months following a previous radiofrequency ablation. Physical exam demonstrates point tenderness in the right cervical facet area and restricted cervical range of motion. The patient underwent C2, C3, C4, and C5 radiofrequency ablation in June 2013. There is documentation of a previous adverse January 27, 2014 determination because no more than two joint levels are supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical Radiofrequency Lesioning at the C2,3,4 and 5 Levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, RFA.

Decision rationale: The California MTUS Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. The Official Disability Guidelines criteria for radiofrequency ablation include evidence of adequate diagnostic blocks, documented improvement in visual analogue 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 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, there remains no discussion as to why three facet levels are to be addressed when guidelines recommend a maximum of two facet joint levels. While it is acknowledged that the patient has obtained good relief with previous cervical radiofrequency ablation, objective measures to corroborate the response were not documented. It is noted that recent medial branch blocks were not obtained to ascertain the recurrent pain generators. Lastly, there is no evidence as to how medial branch thermocoagulation would be integrated into a formal regimen of additional evidence-based conservative care. Therefore, the request for is not medically necessary.