

Case Number:	CM14-0017969		
Date Assigned:	04/16/2014	Date of Injury:	06/17/2008
Decision Date:	07/22/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 35 year-old patient sustained an injury on 6/17/08 while employed by [REDACTED]. Request under consideration include radiofrequency ablation of cervical spine of the right third occipital nerve and right c3 medial branch nerve. The patient is status post (s/p) C4-5 artificial disc replacement, C5-6 discectomy and fusion. The patient continues to treat for chronic neck pain, headaches, and migraine symptoms. The last occipital nerve block was done on 12/19/13 with apparent pain relief. Report of 1/16/14 from the provider noted exam findings of decreased sensation in upper extremities at C6 dermatomes; tenderness to palpation in cervical spine facets; trigger points present. Diagnoses include Cervical Discopathy/ Cervical Radiculopathy. The request for radiofrequency ablation of cervical spine of the right third occipital nerve and right C3 medial branch nerve was non-certified on 2/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION OF CERVICAL SPINE OF THE RIGHT THIRD OCCIPITAL NERVE AND RIGHT C3 MEDIAL BRANCH NERVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter Neck and Upper Back Complaints, pages 181-183; Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 2, Neck and Upper Back Complaints, Injections/Facet Blocks, page 175, 181 Page(s): 175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater Occipital Nerve Block, page 203.

Decision rationale: This 35 year-old patient sustained an injury on 6/17/08 while employed by [REDACTED]. Request under consideration include radiofrequency ablation of cervical spine of the right third occipital nerve and right C3 medial branch nerve. The patient is s/p C4-5 artificial disc replacement, C5-6 discectomy and fusion. The patient continues to treat for chronic neck pain, headaches, and migraine symptoms. The last occipital nerve block was done on 12/19/13 with apparent pain relief. Report of 1/16/14 from the provider noted exam findings of decreased sensation in upper extremities at C6 dermatomes; tenderness to palpation in cervical spine facets; trigger points present. Diagnoses include Cervical Discopathy/ Cervical Radiculopathy. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial without evidence of radicular findings not met here with continued radiating cervical pain and MRI findings of neural foraminal stenosis without severe facet arthropathy. Guidelines state Greater Occipital Nerve Block is considered under study for use in treatment of primary headaches as studies show conflicting results, and when positive, have found response limited to a short-term duration. Additionally, Facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches as recent randomized controlled trial although noted some improvement at 3 months; however, found no difference in outcome at 24 months from the sham control group. In this case, submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from the previous occipital nerve block rendered. The patient has not undergone diagnostic cervical medial branch block to support for the RFA without demonstrated benefit. The radiofrequency ablation of cervical spine of the right third occipital nerve and right c3 medial branch nerve is not medically necessary and appropriate.