

Case Number:	CM14-0113131		
Date Assigned:	09/23/2014	Date of Injury:	06/02/2010
Decision Date:	10/31/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 53 year-old patient sustained an injury on 6/2/10 from hitting his head on a forklift while employed by [REDACTED]. Request(s) under consideration include Cervical radiofrequency bilateral facet neurotomy x2 under fluoroscopy and anesthesia. Diagnoses include cervical spine herniated nucleus pulposus with right cervical radiculopathy. MRI of the lumbar spine on 11/20/10 showed multilevel disc degeneration; C5-6 with canal narrowing. Conservative care has included medications, therapy, cervical epidural steroid injections at C5-6 (performed on 1/28/14 with recent repeat injection certified on 4/7/14). There is history of right 3 level Radiofrequency procedure at right C3-6 on 5/15/13 with reported 50% improvement for approximately 6 months. Subsequent report from the provider noted the patient with increased neck pain and underwent several cervical epidural steroid injections in 2014. Current request is for repeat cervical RFA at C4-6. Per peer discussion, the provider noted the patient had right side 3 level RFA on 5/15/13 and left 3 level RFA on 5/28/13 with good result of axial pain; however, had radicular pain. The request(s) for Cervical radiofrequency bilateral facet neurotomy under fluoroscopy and anesthesia was modified for RFA x 1 at C4-5 and C5-6 on 7/3/14 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:

Cervical radiofrequency bilateral facet neurotomy x2 under fluoroscopy and anesthesia:
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), Treatment Index, 12th Edition (web), 2014, Low back-Facet neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Injection/Neurotomy, page 576

Decision rationale: This 53 year-old patient sustained an injury on 6/2/10 from hitting his head on a forklift while employed by [REDACTED]. Request(s) under consideration include Cervical radiofrequency bilateral facet neurotomy x2 under fluoroscopy and anesthesia. Diagnoses include cervical spine herniated nucleus pulposus with right cervical radiculopathy. MRI of the lumbar spine on 11/20/10 showed multilevel disc degeneration; C5-6 with canal narrowing. Conservative care has included medications, therapy, cervical epidural steroid injections at C5-6 (performed on 1/28/14 with recent repeat injection certified on 4/7/14). There is history of right 3 level Radiofrequency procedure at right C3-6 on 5/15/13 with reported 50% improvement for approximately 6 months. Subsequent report from the provider noted the patient with increased neck pain and underwent several cervical epidural steroid injections in 2014. Current request is for repeat cervical RFA at C4-6. Per peer discussion, the provider noted the patient had right side 3 level RFA on 5/15/13 and left 3 level RFA on 5/28/13 with good result of axial pain; however, had radicular pain. The request(s) for Cervical radiofrequency bilateral facet neurotomy under fluoroscopy and anesthesia was modified for RFA x 1 at C4-5 and C5-6 on 7/3/14. The patient has undergone medial branch blocks and multiple bilateral 3 level RFA in May 2013 with reported 50% relief. 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; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical diagnosis of radiculopathy correlating with MRI assessment for multilevel disc degeneration and canal narrowing. There are no documented ADL (activity of daily living) limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc disorder without evidence for significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from previous RFA to repeat procedure. The request for Cervical radiofrequency bilateral facet neurotomy x2 under fluoroscopy and anesthesia is not medically necessary and appropriate.