

Case Number:	CM14-0114606		
Date Assigned:	08/04/2014	Date of Injury:	07/14/2011
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 Mmedicine & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 7/14/11. A utilization review determination dated 6/23/14 recommends non-certification of cervical facet blocks and RFA/rhizotomy. It referenced an AME report from 6/5/14 identifying persistent pain in the neck with radiation down the right arm and sometimes the left arm. There is numbness and tingling in the ulnar aspect of the right arm and hand. Symptoms are aggravated by ROM of the cervical spine. There is a positive Spurling's, tenderness, and decreased ROM. MRI was said to reveal spinal stenosis with DDD at C4-5 and C5-6 with severe right foraminal stenosis and moderate left foraminal stenosis. 6/2/14 medical report identifies upper thoracic interscapular spinal pain and some discomfort with lateral bending. Pain is 6/10. On exam, there is mild tenderness in the caudal paracervical and cervicothoracic junctional midline. ROM is 75-80% in all ranges. Neurologic is intact. X-rays from December indicate a solid C6-7 fusion with normal motion at C5-6 and mild-moderate C7-T1 facet arthropathy. The recommendation was for C7-T1 plus or minus C5-7 facet blocks and if he gets temporary efficacy, the proceeding with facet RFA or facet rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 plus or minus C5-C7 facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) - TWC Neck & Upper Back Procedure Summary last updated 04/14/2014; facet joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for C7-T1 plus or minus C5-C7 facet blocks, CA MTUS and ACOEM note that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. More specifically, ODG recommends medial branch blocks (rather than intra-articular facet blocks) for the evaluation of facet joint arthropathy for patients with non-radicular pain at no more than 2 levels bilaterally. Furthermore, they are not supported at a level that has been fused. Within the documentation available for review, the request is noted to be for facet joint blocks rather than medial branch blocks, the patient has been noted to have radicular symptoms/findings, and there is a prior spinal fusion at one of the proposed levels. In light of the above issues, the currently requested C7-T1 plus or minus C5-C7 facet blocks is not medically necessary.

Radiofrequency ablation or fact rhizotomy if the claimant get temporary efficacy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Neck & Upper Back Procedure Summary last updated 04/14/2014; Criteria for use of cervical facet radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Facet joint diagnostic blocks, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation or fact rhizotomy, if the claimant gets temporary efficacy, as the facet joint blocks are not medically necessary, the current request is also not medically necessary.