

Case Number:	CM14-0134707		
Date Assigned:	08/29/2014	Date of Injury:	06/02/2008
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/22/2014

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:

The injured worker is a 59 year old female who reported an injury on 06/02/2008 due to an unknown mechanism. Diagnoses were cervical disc displacement without myelopathy, syndrome post laminectomy cervical, pain in joint shoulder, and pain in joint forearm. Past treatment was a diagnostic cervical facet injection on 10/15/2013 which was reported to have given the injured worker 70% to 80% decrease in pain. It was reported improved range of motion at the cervical spine and significantly less muscle tension. Diagnostic studies were an MRI of the cervical spine on 02/19/2013 that revealed: 2 levels of cervical fusion that were solid; no pseudoarthrosis or complication; hardware intact; only minor adjacent segment disease without stenosis. Bilateral upper extremity EMG dated 02/04/2013 revealed findings suggestive of acute right C5 radiculopathy. Because of the absence of findings in the paraspinal muscles, the lesion cannot be definitely localized to the level of the nerve root. No electrodiagnostic evidence of left cervical radiculopathy or right or left brachial plexopathy. No electrodiagnostic evidence of right or left median or ulnar mononeuropathy. Surgical history reported was a cervical fusion. Physical examination on 08/01/2014 revealed complaints of chronic neck and upper extremity pain. The pain was reported to radiate into the right upper extremity into the right hand. Examination revealed normal muscle tone of the upper extremity and the lower extremity. Examination of the cervical spine revealed tenderness to palpation noted over right cervical facet joints at the C3-4 and C4-5. Range of motion was limited to 30 degrees for flexion, 10 degrees extension, 10 degrees lateral tilt bilaterally, and 15 degrees rotation bilaterally. Pain elicited with cervical facet loading (extension and rotation) bilaterally. Medications were Ketamine 5% cream, Docusate Sodium, Pantoprazole, Cyclobenzaprine, Hydrocodone/APAP, Venlafaxine HCL ER, and Alprazolam. Treatment plan was for cervical radiofrequency ablation. The rationale was submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent cervical facet injection at C3-4 and C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The decision for bilateral permanent cervical facet injection at C3-4 and C4-5 is not medically necessary. The Official Disability Guidelines state facet joint radiofrequency neurotomy is under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. One randomized controlled trial was performed on patients with neck pain at the C3 to C7 level after a motor vehicle collision. There was a success rate of 75% with 1 or 2 treatments with a median time to return to a 50% preoperative level of pain of approximately 9 months. A similar duration of pain relief (219 days) was found in a prospective nonrandomized trial. Complete pain relief was obtained by 71% of patients (for a clinically satisfying period). This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Criteria for the use of cervical facet radiofrequency neurotomy or treatment require a diagnosis of facet joint pain. Approval depends on variable such as evidence of adequate diagnostics blocks, documented improvement in VAS score, and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of formal plan rehabilitation in addition to facet joint therapy. Duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. There was no documented improvement in VAS scores reported. It was not reported that the injured worker had improvement in function. The duration of the facet joint injection was not reported. The formal plan of rehabilitation in addition to the facet joint therapy was not reported. Therefore, the request is not medically necessary.