

Case Number:	CM14-0165875		
Date Assigned:	10/10/2014	Date of Injury:	06/10/2010
Decision Date:	11/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57-year-old woman who sustained a work-related injury on June 10, 2010. She subsequently developed chronic neck, back, and left shoulder pain. X-rays of the cervical spine done on March 18, 2014 showed: degenerative disc disease with loss of disc height at C4-5 and C5-6. There is approximately 2-3 mm of retrolisthesis of C4 on C5 and 1-2 mm of C5 on C6; however, the retrolisthesis is completely reduced with forward flexion. MRI of the cervical spine done on February 15, 2013 showed multilevel degenerative disc disease with loss of normal cervical lordosis. C4-5: mild to moderate central canal stenosis with bilateral uncovertebral joint hypertrophy. C5-6: there is a circumferential disc osteophyte complex with bilateral uncovertebral joint hypertrophy. There is a 3 mm broadbased right foraminal zone disc protrusion. The left neural foramina is patent. There is mild central canal stenosis. MRI of the lumbar spine done on February 15, 2013 showed a 1.2 mm circumferential disc bulge, L3. There is a 3 mm circumferential disc bulge with annular fissure with the left foraminal and right and lateral zones. There is mild to moderate bilateral neural foraminal narrowing. There is bilateral facet joint hypertrophy with ligamentum flavum redundancy. There is bilateral facet joint hypertrophy with ligamentum flavum redundancy. The patient underwent a cervical facet blocks at C4-5 and C5-6 bilaterally on July 14, 2014. According to a progress report dated July 24, 2014, the patient stated that she experienced significant improvement and approximately 40% pain relief with the cervical facet blocks. The patient described improved range of motion and appeared to move better, with more relaxed shoulders. She noted that she is experiencing less spasms and is feeling much better overall. According to the orthopedic spine surgeon's progressive report dated August 5, 2014, the patient reported significantly improved neck pain following diagnostic facet blocks (she noted a 70% relief). The patient complained of bilateral shoulder pain, rating her pain 4-5/10 with medication and 6/10 without medication. Examination

of the cervical spine and upper extremities revealed mild tenderness over the paracervical muscles. There was mild decreased sensation over the left C8 dermatome distribution. The range of motion was limited by pain. Hoffman's test was negative. Facet loading was positive. Motor power strength was 5/5 bilaterally. The patient was diagnosed with facet arthropathy L3-5, left L4-5 grade I spondylolisthesis, intermittent left arm radiculopathy, and C4-5 and C5-6 displacement. The provider requested authorization for cervical radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation C4- 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14) Criteria for the use of diagnostic blocks for facet "mediated" pain ODG Neck & Upper Back (updated 08/04/14) Criteria for use of cervical facet radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. There is no documentation of significant pain improvement with previous diagnosis medial branch block. There was only 40% pain reduction which is below the 70% threshold required for positive diagnosis test. Therefore, cervical radiofrequency ablation is not medically necessary.