

Case Number:	CM14-0170478		
Date Assigned:	10/20/2014	Date of Injury:	02/05/2006
Decision Date:	11/20/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/15/2014

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 & 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 February 5, 2006. A utilization review determination dated October 14, 2014 recommends noncertification of right cervical radiofrequency lesioning at "C7-T12". Noncertification was recommended since there was no documentation of at least 50% pain relief for 12 weeks following a radiofrequency ablation on the right at C7-T2 on January 3, 2014. A report dated April 8, 2014 indicates that the patient underwent a right C4 and 5 and left C3, C4, and C5 medial branch blocks. An operative report dated August 12, 2014 indicates that the patient underwent a radiofrequency neurotomy of the right C4 medial branch nerve. A progress report dated July 31, 2014 identifies subjective complaints of neck pain radiating into the left upper shoulder. Physical examination findings reveal muscle spasm in the left paraspinal tenderness to palpation in the upper paraspinal muscles and decreased range of motion. Diagnoses include cervicalgia, myalgia, and myositis. The treatment plan recommends continuing the patient's current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T2 radiofrequency neurotomy: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, page 174

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, there is no indication that the patient has had a medial branch blocks with greater than or equal to 70% reduction in pain. Additionally, there is some question as to whether the patient has previously undergone a radiofrequency ablation at the proposed levels. If so, there is no documentation of at least 50% improvement for over 12 weeks as recommended by guidelines. Furthermore, the currently requested C7-T2 levels would correspond with 3 joint levels since there is a C8 medial branch nerve (although there is not a C8 vertebral body). This exceeds the maximum of 2 levels recommended by guidelines. Finally, there is no documentation of failed conservative treatment including physical therapy and a home exercise program. In the absence of such documentation, the currently requested radiofrequency ablation is not medically necessary.