

Case Number:	CM14-0173644		
Date Assigned:	10/24/2014	Date of Injury:	10/21/2007
Decision Date:	12/03/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 62-year-old diabetic man who sustained a work-related injury on October 21, 2007. He subsequently developed chronic neck pain. The patient underwent a cervical fusion in 2008. According to the progress report dated September 30, 2014, the patient underwent a cervical facet injection on August 18, 2014, which has produced over 70% pain relief and lowered the frequency of his headaches. On examination, there was pain upon palpation over the cervical facet joints at C3-4 and C4-5 on the left, increased with facet loading. The patient was diagnosed with post-laminectomy of the cervical spine, disorder musc/ligament/fascia, and pain lyalgia/myositis. The provider requested authorization for Left C3-4 radiofrequency ablation facet neurotomies under fluoroscopy guidance and Left C4-5 radiofrequency ablation facet neurotomies under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C3-4 radiofrequency ablation facet neurotomies under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks (for RSD/CRPS, Nerve Block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute and Chronic) (<http://www.odg-twc.com/odgtwclist.htm>), Facet Joint Diagnostic Blocks (injections)

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." The patient underwent intraarticular facet injection and there is no documentation of an effective medial branch block. Therefore, Left C3-4 radiofrequency ablation facet neurotomies under fluoroscopy guidance are not medically necessary.

Left C4-5 radiofrequency ablation facet neurotomies under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous Regional Sympathetic Blocks (for RSD/CRPS, Nerve Block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute and Chronic) (<http://www.odg-twc.com/odgtwclist.htm>), Facet Joint Diagnostic Blocks (injections)

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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." The patient underwent intraarticular facet injection and there is no documentation of an effective medial branch block. Therefore, Left C4-5 radiofrequency ablation facet neurotomies under fluoroscopy guidance are not medically necessary.