

Case Number:	CM14-0175546		
Date Assigned:	10/28/2014	Date of Injury:	01/17/2000
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 01/17/2000. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic neck pain, cervicogenic headache, and cervical spondylosis/facet. Past medical treatment consists of surgery, physical therapy, radiofrequency ablation, and medication therapy. Medications consist of Maxalt-MLT, hydrocodone/acetaminophen, amitriptyline, Celebrex, Topamax, Gabapentin, Metoprolol, Fludrocortisones, Aspirin, and Multivitamin. On 04/21/2014, the patient underwent an MRI of the cervical spine which revealed a right paracentral disc osteophyte abutting upon the right C5 intraspinal nerve root at C3-4 level, causing mild spinal canal stenosis and mild right neural foraminal narrowing. Other diagnostics include electromyogram obtained on 10/17/2007; MRI of the cervical spine obtained on 10/19/2007; and MRI of the cervical spine obtained on 04/21/2014. The injured worker has undergone 12 radiofrequency ablations from 04/29/2010 to 05/22/2014. On 09/18/2014, the injured worker complained of neck and upper extremity pain. It was noted on physical examination that the injured worker rated the pain at a 6/10 with medication. It was also noted on examination of the neck that the injured worker was tender to palpation over the cervical facets at approximately C2-3 through C4-5 bilaterally, more pronounced on the right than the left. There was concordant pain with extension, lateral flexion and rotation, and extension bilaterally. Range of motion was restricted due to pain and stiffness bilaterally in all ranges. Deep tendon reflexes were diminished but symmetrical. Motor strength was 5/5. Sensory to touch was intact. Medical treatments plan consist of additional cervical facet radiofrequency ablation. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet RFA Additional Levels to Be Done First On The Right And Then 2 Weeks Later The Left (C2-3, C3-4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Radiofrequency Ablation.

Decision rationale: The request for cervical facet radiofrequency ablation at C2-3 and C3-4 is not medically necessary. MTUS/ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of the facet nerves in the cervical spine provides good temporary relief of pain. Facet neurotomy should be performed only after an appropriate investigation involving controlled differential dorsal ramus and medial branch block diagnostics. The Official Disability Guidelines further state facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch block. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater to or equal 50% relief that is sustained for at least 6 months. Approval of neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The provider did not submit adequate documentation of significant physical exam findings congruent with facetogenic pain. Furthermore, there was a lack of documentation detailing whether the injured worker had a diagnostic block to facet joints. Additionally, the submitted documentation indicated that the injured worker has had at least 12 radiofrequency ablation injections from between 04/29/2010 through 05/22/2014. The guidelines do not recommend repeat radiofrequency ablation unless duration of relief from the first procedure is documented for at least 12 weeks at greater to or equal 50% relief that is sustained for at least 6 months. Additionally, there were no assessments submitted for review showing what pain levels were on VAS, decreased medications, and/or documented improvement in function. The submitted reports lacked an indication of a formal plan of additional evidence based conservative care in addition to the facet joint therapy. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.