

Case Number:	CM14-0175881		
Date Assigned:	10/28/2014	Date of Injury:	11/19/2008
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
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 Texas & 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 patient is a 70 year old male who was injured on 11/19/2008. The diagnoses are headache, cervical spondylosis, neck pain, and myalgia and right shoulder arthritis. There are associated diagnoses of anxiety, PTSD and depression. The MRI of the cervical spine showed multilevel osteophytes and disc bulges. The patient completed PT and home exercise program. The patient had reported prior greater than 90% pain relief that lasted for more than 1 year following radiofrequency lesioning of the median branch nerves of the cervical spine. On 9/26/2014, [REDACTED] noted subjected complaint of aggravation of the left neck pain. The neck pain was non radiating with associated stiffness. There was objective finding of decreased range of motion of the cervical spine and tenderness of the sub-occipital, C2, C3 and C4 facet areas. The medications are Norco and Lyrica for pain. The patient is also utilizing clonazepam, alprazolam, meclizine, citalopram and trazodone for psychiatric disorders. A Utilization Review determination was rendered on 10/21/2014 recommending non certification for left C2, C3, and C4 radiofrequency lesioning for C2-3 and C3-4 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 radiofrequency lesioning of medial branches, left C2, C3, and C4 for C2-3 and C3-4 facet joints under fluoroscopy guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), updated 08/04/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Facets

Decision rationale: The CA MTUS did not fully address the use of cervical median branch blocks for the treatment of neck pain. The ODG guidelines recommend that fluoroscopic guided cervical median branch blocks and radiofrequency lesioning procedures can be utilized in the treatment of cervical pain of facet origin when conservative treatment with medications and PT have failed. The radiofrequency procedure can be repeated up to twice a year if there was significant pain relief with functional improvement following a prior procedure. The records indicated that the last left cervical radiofrequency lesioning that was performed in January 2014 provided more than 90% pain relief, decreased medications utilization and improved physical function for almost 1 year. The patient had similar history of responses to the same procedures for both the left and right cervical facets in 2011, 2012 and 2013. The patient completed PT and home exercise program. The neck pain is non radicular. The criteria for left C2,C3,C4 fluoroscopic guided radiofrequency lesioning of the median branches to C2-3 and C3-4 facet joints was met. Therefore the request is medically necessary.