

Case Number:	CM14-0177965		
Date Assigned:	10/31/2014	Date of Injury:	01/17/2000
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 and Rehabilitation, 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:

According to the records made available for review, this is a 60-year-old male with a 1/17/00 date of injury. At the time (9/30/14) of the Decision for bilateral cervical facet RFA (radiofrequency ablation) C2, C3, C4 and C5 additional levels to be done first on the right and then 2 weeks later on the left side, there is documentation of subjective (neck, right shoulder, and arm pain) and objective (tenderness over bilateral C2-5 facets, restricted cervical range of motion, and myofascial tenderness over neck and shoulder muscle) findings, current diagnoses (mechanical neck pain, myofascial pain, cervical radiculopathy, and cervical spondylosis), and treatment to date (previous radiofrequency ablation of C2-5, home exercises, and medications). Medical reports identify 70% of pain reduction from previous radiofrequency ablation. There is no documentation of no more than two joint levels to be performed at one time; at least 12 weeks of 50% relief with prior neurotomy; and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet RFA (radiofrequency ablation) C2, C3, C4 and C5 additional levels to be done first on the right and then 2 weeks later on the left side.: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patient who had a positive response to facet injections. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks of 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of mechanical neck pain, myofascial pain, cervical radiculopathy, and cervical spondylosis. However, despite documentation of 70% of pain reduction from previous radiofrequency ablation, there is no (clear) documentation of at least 12 weeks of 50% relief with prior neurotomy. In addition, given documentation of a request for cervical facet RFA (radiofrequency ablation) C2, C3, C4 and C5 additional levels to be done first on the right and then 2 weeks later on the left side, there is no documentation of no more than two joint levels to be performed at one time. Furthermore, there is no documentation of repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. Therefore, based on guidelines and a review of the evidence, the request for bilateral cervical facet RFA (radiofrequency ablation) C2, C3, C4 and C5 additional levels to be done first on the right and then 2 weeks later on the left side is not medically necessary.