

Case Number:	CM14-0179518		
Date Assigned:	11/04/2014	Date of Injury:	03/18/2011
Decision Date:	12/10/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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 injured worker is a 52 year old female who reported an injury on 03/18/2011 due to cumulative workplace injury. She is diagnosed with cervicalgia. Her past treatments included medications, physical therapy, acupuncture, chiropractic treatment, and massage therapy. Her diagnostic studies included an MRI of the cervical spine performed on 04/2012, which revealed mild facet hypertrophy and no central canal or neural foraminal stenosis. Her diagnostic studies also included bilateral C5, C6, C7 cervical medial branch block performed on 08/07/2014, which provided 75% pain relief. On 09/03/2014, the injured worker reported neck pain and rated 6/10 pain with medications. Upon physical examination of her neck, she was noted to have a positive Spurlings test bilaterally, facet tenderness of the cervical spine and decrease range of motion. Neck rotation, extension and flexion was limited to 45 degrees. Her current medications included Norco 325mg once a day and Ibuprofen 600 mg once a day as needed. The treatment plan included medications and a follow up appointment in 6 weeks. A request for Left C4-C5 radiofrequency ablation under fluoroscopy Quantity: 2 was submitted, however, the rationale for the request was not submitted. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-C5 radiofrequency ablation under fluoroscopy Quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG online; Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Facet Joint Radiofrequency neurotomy

Decision rationale: The request for Left C4-C5 radiofrequency ablation under fluoroscopy Quantity: 2 is not medically necessary. The California MTUS ACOEM guidelines indicate that radiofrequency neurotomies and facet rhizotomy are optional for chronic regional neck pain as there is limited evidence that they may be effective in relieving or reducing cervical facet joint pain. Furthermore, the Official Disability Guidelines indicates that facet joint radiofrequency neurotomies are under study. However, the criteria for use of cervical facet radiofrequency neurotomy include the patient have a diagnosis of facet joint pain which is indicated by subjective unilateral pain that does not radiate past the shoulder and objective findings of axial neck pain with no radiation, tenderness to palpation in the paravertebral area (facet region), decreased range of motion with extension and rotation and the absence of radicular findings and/or neurologic findings. They further indicate that approval depends on variables such as evidence of adequate diagnostic blocks, with evidence of at least 70% pain relief for approximately 2 hours. Additionally, there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The injured worker had a bilateral C5, C6, C7 cervical medial branch block performed on 08/07/2014 and had 75% pain relief from that medical branch block. The clinical documentation does show she has axial neck pain, decrease range of motion with extensions and rotation; however, there are radiating pain and radicular findings noted within the clinical documentation. Furthermore, there is no formal plan of rehabilitation in addition to facet joint therapy. Give the above information, the request cannot be supported at this time. As such, the request is not medically necessary.