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| Case Number: | CM14-0033453 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/10/2011 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/11/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of October 10, 2011. A utilization review determination dated March 11, 2014 recommends noncertification of left sided cervical radiofrequency ablation at C3, C4, and C5. Noncertification was recommended due to lack of documentation of diagnostic medial branch blocks at the proposed levels. A progress report dated February 19, 2014 includes subjective complaints indicating that the patient's pain has remain unchanged since his last visit. He continues to have neck pain, back pain, and radiating leg pain. The note indicates that activity has remained unchanged. Physical examination revealed restricted range of motion in the cervical spine as well as tenderness in the paravertebral muscles. Spurling's maneuver causes neck pain radiating to the upper extremity. Neurologic examination reveals decreased motor strength on the right with 4/5 grip strength, wrist flexors, wrist extensors, supinators, and pronator's. Diagnoses include lumbar radiculopathy. The treatment plan states that the patient has had improvement in range of motion and pain on the right side of his neck of at least 60%. Based on this benefit, I would perform the radiofrequency ablation on the left. He still has limitations to cervical extension which is related to the left-sided pain predominantly. Pending left cervical radiofrequency ablation C3, C4, C5 on the left based on right-sided improvement. A procedure report dated October 21, 2013 indicates that cervical facet nerve block at C3, C4, C5 and C6 was performed. The note does not indicate which side the procedure was performed on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided cervical facet radiofrequency ablation at C3, C4, C5 times1: Upheld

Claims Administrator 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 & Upper Back, Criteria for the use of facet joint radiofrequency neurotomy.

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 Chapter, Facet joint pain, signs & symptoms, and Facet joint radiofrequency neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Within the documentation available for review, there is no indication that the patient has had a medial branch blocks on the Left at C3, C4, and C5 with greater than or equal to 70% reduction in pain. Additionally, there are findings consistent with radiculopathy such as decreased motor strength in the left upper extremity and positive Spurling's test. Finally, there is no documentation of failed conservative treatment including physical therapy and a home exercise program. In the absence of clarity regarding those issues, the currently requested radiofrequency ablation is not medically necessary.