

Case Number:	CM14-0042000		
Date Assigned:	06/30/2014	Date of Injury:	11/30/2007
Decision Date:	08/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 43-year-old female patient with an 11/30/07 date of injury. She injured herself while carried a heavy Christmas tree and fell backward. A 1/31/14 progress report indicated that the patient complained of increased pain in the left side of the neck with shooting pain up the back of the head causing headaches. The pain also spread down to the left shoulder and arm. She also had numbness and tingling in the left arm and hand. She reported having cervical facet radiofrequency ablation on 2/14/11 and reported decreased headache frequency and severity for about 3 months, as well as improved neck pain and range of motion. Objective findings revealed spinous process tenderness of C5-C6. There was tenderness to palpation over the left facet joints at C4-5, C5-6, and C6-7. Pain was elicited with facet loading (extension coupled with rotation) of left lower cervical spine. MRI dated on 1/30/08 demonstrated left paracentral disc protrusion causing moderate canal stenosis and moderate left sided foraminal narrowing at C5-6, moderate right sided foraminal narrowing at C4-5. She was diagnosed with Cervical disc degeneration, Cervical disc displacement, and shoulder joint pain. Treatment to date: medication management, cervical spine RFA on 2/14/11, cervical decompressive surgery (2/27/10). There is documentation of a previous 4/8/14 adverse determination, based on the fact that there was no documentation for review following prior RFA to corroborate any pain relief from this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left Permanent Cervical Facet Injection at C4, C5, and C6 AKA Radiofrequency Ablation Fluoroscopic Guidance with IV sedation: Upheld

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 Treatment of Workers Compensation, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The patient presented with increased pain in the left side of the neck with shooting pain up to the back of the head causing headaches. MRI did not show any facet disease. However, it was not clear, whether the request was for a cervical facet injection at C4, C5, and C6 or radiofrequency ablation. In addition, it was noted that the patient had a RFA in 2011. However, there was no objective documentation supporting more than 70% pain relief or functional gains, following the procedure. There was also documentation of possible radicular pain in her cervical spine. Guidelines did not support facet injections in the setting of radicular pain. Therefore, the request for Outpatient Left Permanent Cervical Facet Injection at C4, C5, and C6 AKA Radiofrequency Ablation Fluoroscopic Guidance with IV sedation is not medically necessary.