

Case Number:	CM14-0046712		
Date Assigned:	07/02/2014	Date of Injury:	01/03/2006
Decision Date:	08/27/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/15/2014

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:

The injured worker is a 59-year-old male who reported an injury on 01/03/2006 due to an unknown mechanism. Diagnosis for the injured worker was severe myofascial pain. Past treatments for the injured worker were cervical facet joint injections, past radiofrequency injections and trigger point injections as well as being status post cervical fusion from C4-C7. The facets were last injected at C2-C3 bilaterally on 05/07/2013. Radio frequency was performed on 09/10/2013 with noted improvement status post facet injections of 75%. The injured worker had received thoracic manipulation and scapular mobilization to improve scapular tipping. Diagnostic studies were not submitted for review. The injured worker had a physical examination on 02/04/2014 which revealed pain overlying the multifidus muscle just to the right side of midline at the level of C2-C3. It was noted to be worse on flexion and improved on extension. The injured worker had injections during this visit to the splenius cervicis, splenius capitis and multifidus bilaterally with lidocaine and Depo-Medrol. Thoracic extension movement was very restricted. Medications for the injured worker were not reported. Treatment plan for the injured worker was to continue with aqua therapy, manual therapy to increase joint mobility, and it was noted that if the injured worker did not improve after trigger point injections, a request would be submitted for cervical facet injections and/or radiofrequency. The request for authorization dated 03/26/2014 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical radiofrequency under fluoroscopic guidance: 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), Neck and Upper Back Procedure Summary.

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for cervical radiofrequency under fluoroscopic guidance is non-certified. The CA MTUS/ACOEM Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited. Caution is needed due to the scarcity of high-quality studies. The Official Disability Guidelines states for repeat radiofrequency neurotomy, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks with a greater than 50% relief. The literature does not support that the procedure is successful without sustained pain relief of at least 6 months. Medications for the injured worker were not reported. VAS pain score was not reported for the injured worker. Measurable gains in functional improvement were not reported on past trigger point injections on the injured worker, cervical facet joint injections or the radiofrequency injection the injured worker had on 09/10/2013. Although the injured worker had radiofrequency on 09/10/2013 with noted improvement status post facet injections of 75%, the duration of pain relief was not reported. Also, the injured worker is status post cervical fusion from C4-C7 and performing a rhizotomy at the level of a prior fusion is not recommended by the guidelines. The request as submitted did not include the requested levels. Therefore, the request is non-certified.