

Case Number:	CM14-0061876		
Date Assigned:	07/09/2014	Date of Injury:	04/03/1983
Decision Date:	08/11/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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 63-year-old male who reported an injury on 04/03/1983. No mechanism of injury was reported. The injured worker complained of neck, back, and right knee pain. No measureable pain was documented. On physical examination dated 03/20/2014, it was revealed that the injured worker had limited neck/back range of motion. He also had limited and painful right knee range of motion. There was no diagnostic report submitted. The injured worker has diagnoses of right knee arthritis, cervical facet radiculitis, and lumbar facet radiculitis. Past treatment and medications were not submitted in reports. The current treatment plan is for 1 cervical facet block with radiofrequency, 1 lumbar facet block with radiofrequency, and 1 Synvisc injection to bilateral knees. The rationale and Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1Cervical Facet Block with Radio Frequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The request for 1 cervical facet block with radiofrequency is non-certified. The injured worker complained of neck, back and right knee pain. No measurable pain level documented. The submitted report lacked documentation. It contained 8 progress notes from 07/26/2012 through 03/20/2014. CA MTUS/ACOEM guidelines state that there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief 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. In the submitted report, there was no documentation of range of motion, motor strength, and/or level of pain on the injured worker. There were no diagnostic reviews submitted, concluding that the injured worker had a diagnosis of facet joint pain. There was also no evidence as to what the outcome was on previous facet joint injections. Furthermore, there was no documentation of what levels or side the request is being ask for. Given the above CA MTUS/ACOEM guidelines, the request for 1 cervical facet block with radiofrequency is non-certified.

1 Lumbar Facet Block with Radio Frequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1, 309. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for 1 lumbar facet block with radiofrequency is non-certified. The injured worker complained of neck, back and right knee pain. No measurable pain level documented. CA MTUS/ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The submitted report lacked any evidence or documentation regarding the injured worker's diagnoses of lumbar facet joint pain. The submitted report contained 8 progress notes dated 07/26/2012 through 03/20/2014. There was a lack of motor strength, range of motion, and level of pain on the injured worker. The submitted report also lacked the outcome of previous facet blocks. As such, the request for 1 lumbar facet block with radiofrequency is non-certified.

1 Synvisc One injection to Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Synvisc injection (Hyaluronic injections).

Decision rationale: The request for 1 Synvisc One injection to bilateral knees is non-certified. The injured worker complained of neck, back and right knee pain. No measurable pain level documented. ODG guidelines recommend Synvisc injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Guidelines also state that there should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. If pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. The submitted report lacked evidence of failure of conservative care. There was also no evidence as to a diagnosis of severe osteoarthritis in the injured worker to bilateral knees. The submitted report lacked any range of motion, motor strength, or pain levels on the injured worker's knees. The progress note submitted from 07/26/2012 through 03/20/2014 were very vague on any pertinent information needed on the injured worker. As such, the request for 1 Synvisc injection to bilateral knees is non-certified.