MAXIMUS Federal Services

Case Number:	CM14-0066348		
Date Assigned:	07/11/2014	Date of Injury:	01/24/2012
Decision Date:	09/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/09/2014

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 Internal 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:

The patient sustained an injury on 1/24/12 and was diagnosed as having left shoulder and cervical strain. She was initially treated with physical therapy (PT) and nonsteroidal anti-inflammatory drugs (NSAIDs) without relief of her pain. She was seen by her physician on 2/12/14 and was noted to have pain in her left neck and left upper back. The pain was described as intermittent, aching, cramping, pressure, shooting, spasming, burning, hot, stabbing, and throbbing. It was noted to be nonradicular in nature, and having no associated neurological symptoms. Physical exam of the cervical spine showed good range of motion (ROM). Extension and right and left lateral motion caused left sided neck pain. Tenderness to palpation was noted at the left cervical facet joints and paraspinal regions from C3-C6. The trapezius muscle showed multiple tender points. A positive Spurling test was also noted. Motor, sensory, and deep tendon reflexes were all intact. The physician noted that conservative treatment with PT, home exercises, and NSAIDs had not alleviated the pain. On 2/12/14 the physician proposed a diagnostic medial branch block at C3, C4, and C5, noting that he would utilize injections at two levels. He stated that if the injections were successful in alleviating the pain he would proceed to facet neurotomy, utilizing radiofrequency of the lesion. He proposed the MBB technique because it was better at predicting the success of the procedure than intra-articular block procedures. The UR declined to authorize this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical medial branch blocks at C3, C4, and C5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The online medical reference, Up to Date Topic 7777, Version 23.0 on treatment of neck pain.

Decision rationale: MTUS Guidelines state that there is limited evidence to show that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients with a positive response to facet injections. It was noted that in two studies a 60% long lasting pain relief result was demonstrated with this technique. In the low back section of MTUS Guidelines it was noted that local injections of Cortisone and Lidocaine in the neck had questionable merit, but that there was good quality literature showing that radiofrequency neurotomy to the facet joint nerves in the cervical spine provided good temporary relief of pain. In the Online Medical Reference, Up to Date section it was stated that cervical facet pain syndrome usually caused axillary pain, usually at the midline or slightly to the side of the midline, and that axillary symptoms were greater than extremity symptoms. It was stated that percutaneous radiofrequency neurotomy showed modest short term relief of chronic neck pain and showed longer term relief of pain in 1 trial of patients with whiplash injury to the neck. Lastly, it was noted that this procedure was demonstrated to have better efficacy in patients with whiplash related cervicogenic headache pain than in patients with facet joint pathology. It is noted that the above patient had not responded to conservative treatment and that the pain was more axillary in nature than radicular. It is also noted that the treating physician was planning to block the nerves of the facet joint with a two injection procedure. There is some evidence in the literature that neurotomy can be efficacious in treating facet joint pain in the neck. In this patient who has attempted prior conservative treatment without success it is reasonable to attempt to block the cervical medial nerves in order to screen for possible success of this procedure. If the cervical medial branch blocks were successful it is reasonable to go on to the neurotomy procedure. Therefore, the treatment is medically necessary.