MAXIMUS Federal Services

Case Number:	CM14-0085020		
Date Assigned:	07/23/2014	Date of Injury:	11/02/2001
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 is a 56-year-old female with a date of injury of 11/02/2001. The listed diagnoses per Dr. [redacted] are: 1. History of 3-level cervical fusion from C3-C4 to C5-C6 (date of prior surgery unnoted). 2. Adjacent level facet arthropathy causing suboccipital headaches worse on the right than left. According to progress report 04/01/2014, the patient continues to have significant right posterior headaches. Treater states the patient has had excellent response to previous diagnostic injections for the right C2-C3 facet joints, "first intraarticular injection and then later a confirmatory nerve block." Treater notes the most recent occipital nerve block has helped the patient with her pain. "The pain improved by almost 1 days. The pain is now starting to return." Between the 2 types of injection, treater states the facet injection provided more complete pain relief almost immediately that lasted longer. Examination revealed significant tenderness in the right upper neck region with palpable muscle spasms. There is tenderness in the suboccipital region more so on the right than the left. The treater is requesting radiofrequency neurotomy of the right C2 to C3 facet joints, radiofrequency of 3rd occipital nerve, and radiofrequency neurotomy of C3 deep medial branch nerve. Utilization review denied the request on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

radiofrequency Neurotomy of right C2-C3 facet joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation C-spine facet RF ablation.

Decision rationale: The patient continues to have significant right posterior headaches. The medical file indicates the patient received an intraarticular right C2-C3 facet injection on 10/16/2013 with reduction of pain from 07/10 to 2/10 immediately following the procedure. The records also show the patient received a "right 3rd occipital nerve and C3 medial branch nerve block" on 11/20/2013. It was reported the patient had a reduction of pain from 8/10 to 0-1/10 following the procedure. Most recent progress report from 04/01/2013 indicates the patient continues with right upper cervical spine pain radiating to the right temporal area. Treater reports the pain is starting to return and is requesting a radiofrequency neurotomy of right C2-C3 facet joints. ACOEM guidelines page 174 incidentally notes under foot note: "There is limited evidence that RF 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 (n=24,28)." For further discussion, ODG Guidelines states for RF ablation, "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." It appears the patient underwent two diagnostic blocks that both produced pain relief, one intra-articular and another a dorsal medial branch block. However, the patient had what appears to be a placebo response following the second set of blocks given the pain reduction that lasted some 5 months. ODG guidelines consider a successful diagnostic block when the duration of pain relief is roughly couple of hours when Lidocaine is used. The pain relief response must commensurate to the diagnostic anesthetic being used for dorsal medial branch blocks. It is unlikely that this patient will respond to RF ablation. Recommendation is for denial.

radiofrequency Neurotomy of third optical nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation C-spine facet RF ablation.

Decision rationale: The patient continues to have significant right posterior headaches. The medical file indicates the patient received an intraarticular right C2-C3 facet injection on 10/16/2013 with reduction of pain from 07/10 to 2/10 immediately following the procedure. The records also show the patient received a "right 3rd occipital nerve and C3 medial branch nerve block" on 11/20/2013. It was reported the patient had a reduction of pain from 8/10 to 0-1/10

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radiofrequency Neurotomy of C3 deep medial branch nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation C-spine facet RF ablation.

Decision rationale: The patient continues to have significant right posterior headaches. The medical file indicates the patient received an intraarticular right C2-C3 facet injection on 10/16/2013 with reduction of pain from 07/10 to 2/10 immediately following the procedure. The records also show the patient received a "right 3rd occipital nerve and C3 medial branch nerve block" on 11/20/2013. It was reported the patient had a reduction of pain from 8/10 to 0-1/10 following the procedure. Most recent progress report from 04/01/2013 indicates the patient continues with right upper cervical spine pain radiating to the right temporal area. Treater reports the pain is starting to return and is requesting a radiofrequency neurotomy of right C2-C3 facet joints. ACOEM guidelines page 174 incidentally notes under foot note: "There is limited evidence that RF 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 (n=24,28)." For further discussion, ODG Guidelines states for RF ablation, "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." It appears the patient underwent two diagnostic blocks that both

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