

Case Number:	CM14-0103930		
Date Assigned:	07/30/2014	Date of Injury:	08/11/2010
Decision Date:	01/23/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 Rehab, 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 47 year old female with an injury date of 08/11/10. As per progress report dated 05/15/14, the patient complains of anterior neck pain and low back pain. Physical examination reveals palpation over C5-6 and C7 facet joints increased with cervical facet loading maneuvers. As per progress report dated 04/24/14, the patient is suffering from right knee, right shoulder, and right wrist pain. Physical examination reveals tenderness to palpation over right shoulder and carpal tunnel region. Reverse Phalen's test is positive on the right. The patient also has severe pain over the left side of her head, as per progress report dated 03/04/14. The patient is taking Ibuprofen to manage her symptoms, as per progress report dated 05/15/14. The patient also received left occipital nerve injection which provided 100% relief, as per progress report dated 03/04/14. MRI of the Cervical Spine, 08/21/13, as per progress report dated 08/30/13:- Mid and lower cervical small disc osteophyte complexes- Uncovertebral and facet arthropathy- Neural foraminal perinueral cysts causing varying degrees of neural foraminal narrowing Diagnoses, 05/15/14:- Facet cervical- Cervicalgia The treater is requesting for Cervical Radio-frequency Ablation at C5, C6 and C7. The utilization review determination being challenged is dated 06/02/14. The rationale was "The repeat ablation at above level is not appropriate because the outcome of previous ablation of August 2013 in terms of percentage and the duration of the pain scale with improvement in functionality and reduction in medication usage is not outlined." Treatment reports were provided from 08/19/13 - 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Radio-frequency Ablation at C5, C6 and C7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web 2012 Neck, Upper Back - Facet Joint Radio Frequency Neurotomy

MAXIMUS 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 (ODG) Neck and Upper Back (Acute & Chronic) and topic Facet joint radiofrequency neurotomy

Decision rationale: The patient presents with pain in anterior neck and low back, as per progress report dated 05/15/14. The request is for Cervical Radio-frequency Ablation at C5, C6 and C7, The patient also has pain in right knee, right shoulder, and right wrist, as per progress report dated 04/24/14. ACOEM guidelines, chapter 8 page 174 incidentally notes under foot note: "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 (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). Caution is needed due to the scarcity of high-quality studies." ODG guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Facet joint radiofrequency neurotomy', support it for facet joint syndrome after proper diagnostics have been carried out. For repeat procedure, greater than 50% reduction of pain lasting at least 3 months and if not 6 months is required. On 09/15/13 progress report, the treater discusses a prior cervical facet radio-frequency and states that the patient "has at least 50% pain relief but she still has pain in the top of the left shoulder." Progress report dated 05/15/14 states that the patient "has not had cervical RFA since August 2013. She has been able to work." The treater requests for another procedure in that report. ODG guidelines do support repeat procedure for duration of symptom reduction lasting at least 3-6 months. This patient has had this, and the patient is working. The request is medically necessary.