

Case Number:	CM14-0216121		
Date Assigned:	01/06/2015	Date of Injury:	12/03/2011
Decision Date:	05/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 12/03/2011. Diagnoses include post shoulder left repair, likely bilateral carpal tunnel syndrome and right sided cervical facet pain involving C3-4, C4-5 and C5-6 (18 months post radiofrequency with greater than 85% relief for over one year from previous procedure). Treatment to date has included diagnostics, surgical intervention (subacromial decompression and rotator cuff repair, undated), medications, radiofrequency x 2 and physical therapy. Per the Pain Management Progress Report dated 11/24/2014, the injured worker was approximately 3 weeks status post left shoulder surgery. He reports significant post-op pain. He also reported persistent neck pain. He has radiofrequency x 2 for the neck with 85% relief for a year. Physical examination revealed pain with extension and rotation of the cervical spine. Rotation to the right was limited. There was tenderness to palpation over the right sided cervical facet joints. There was some pain with extension and rotation at the lumbar spine and some limitation of flexion and internal rotation of the left hip. The plan of care included injections and medications and authorization was requested for medial branch blocks testing C3-4, C4-5 and C5-6 and radiofrequency treating C3-4, C4-5 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block testing & radiofrequency at C3-4, C4-5 & C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, Facet joint therapeutic steroid injections, Neck and Upper Back (Acute & Chronic) Chapter, Radiofrequency Neurotomy.

Decision rationale: The 47 year old patient complains of pain in the neck and the left shoulder, as per progress report dated 11/24/14. The request is for MEDIAL BRANCH BLOCK TESTING AND RADIOFREQUENCY AT C3-4, C4-5, C5-6. There is no RFA for this case, and the patient's date of injury is 12/03/11. The patient is status post left shoulder repair and has been diagnosed with right-sided cervical facet pain involving C3-4, C4-5, and C5-6, and likely bilateral carpal tunnel syndrome. The pain is rated at 8/10, as per the same report. Diagnoses, as per progress report dated 10/28/14, included cervicgia, cervical spondylosis, mild cervical degenerative disease, and cervical anterolisthesis C4 on C5. The patient is off work and is medically retired, as per progress report dated 10/01/14. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Regarding radiofrequency ablation, ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, and topic 'Radiofrequency Neurotomy', states that "While repeat neurotomies may be required, 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 at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period." In this case, the patient has undergone successful radiofrequency two times in the past, as per progress report dated 11/24/14. Regarding efficacy, the treating physician states that "He does get 85% for approximately one year," and is, therefore, requesting for repeat radiofrequency treatment at C3-4, C4-5 and C5-6. The treater does not believe that repeat medial branch blocks are necessary but is adding MBB testing to the request, in case Worker's Comp carrier feels that the blocks need to be repeated. The treater also states that "If they do not think that the blocks need to be repeated and I do not think they do, I will proceed straight to radiofrequency treatment for him." While repeat MBB is not needed and the patient does experience >50% pain relief for over an year from prior radiofrequency treatment, ODG does not allow radiofrequency at more than two joint levels at one time. Hence, the request for radiofrequency at C3-4, C4-5 and C5-6 IS NOT medically necessary.