

Case Number:	CM14-0045007		
Date Assigned:	07/02/2014	Date of Injury:	03/17/1998
Decision Date:	01/29/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 55-year-old female with a date of injury of 03/17/1998. According to treatment report dated 03/03/2014, the patient presents with neck and upper extremity pain. The patient states that she has been experiencing "more burning in the neck." She reports her pain as 8/10 on the VAS currently. It was noted the patient feels that the cervical facet radiofrequency ablation procedure is wearing off, "though it is not quite the level it was before the procedure." The patient estimates having at least 50% improvement if not slightly more. Examination of the cervical spine revealed tenderness of bilateral facet at C3-C5 with facet loading. There is tenderness of the bilateral upper trapezius and infrascapular muscles with palpation of spasms and multiple trigger points on both sides. The listed diagnoses are post -laminectomy syndrome C6-7, tarsal tunnel syndrome, CTS, rotator cuff disorder and neck pain. The request is for bilateral permanent cervical facet injection at C3-C4 and C4-C5. The utilization review denied the request on 03/14/2014. Utilization review denied the requests on 6/18/14. Treatment reports from 09/16/2013 through 03/03/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent cervical facet injection at Cervical 3-4 and Cervical 4-5, AKA radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The patient presents with continued neck pain. The current request is for Bilateral permanent cervical facet injection at cervical 3-4 and cervical 4-5 AKA radiofrequency ablation. Review of the medical file indicates the patient underwent a diagnostic cervical medial branch block at C3-C4, which produced 50% pain relief. The patient subsequently underwent bilateral C3 facet blocks and bilateral C4-C5 facet nerve blocks. It was noted the patient had 70% relief following procedure and gradually settled to around 50% over the next few days. Report dated 3/3/14 notes that the patient had a RFA which is "wearing off." ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG under its Low Back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. ODG specifically state that "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." In this case, while the patient reported improvement, there is no documentation of changes in VAS pain score, reduction of medication use or any functional improvement. This request is not medically necessary.

Arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The patient presents with continued neck pain. The current request is for Arthrogram. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG under its Low Back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An

adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. For RF ablation, the dorsal medial branches that innervate the joints are ablated and not the joint. The needle does not need to be placed in the joint. Furthermore, arthrogram that is seen following placement of needle inside the joint for a typical facet joint injection is part and parcel of the facet joint injection procedure itself and does not require separate billing or documentation. Facet joint injection is exactly what that is, placing a needle inside the joint and injecting a small amount of contrast to confirm proper needle placement. At any rate, arthrogram is not needed for RF ablation of the facet joints. This request is not medically necessary.

Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The patient presents with continued neck pain. The current request is for fluoroscopic guidance. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG under its Low Back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. ODG specifically state that "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." In this case, while the patient reported improvement, there is no documentation of changes in VAS pain score, reduction of medication use or any functional improvement. The request for the Fluoroscopic Guidance is not medically necessary.

Intravenous sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The patient presents with continued neck pain. The current request is for Intravenous sedation. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies

reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG under its Low Back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. ODG specifically state that "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." In this case, while the patient reported improvement, there is no documentation of changes in VAS pain score, reduction of medication use or any functional improvement. The request for IV sedation is not medically necessary.