

Case Number:	CM15-0000247		
Date Assigned:	02/19/2015	Date of Injury:	04/05/2013
Decision Date:	04/03/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/02/2015

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, Hawaii
 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:

This 32 year old man sustained an industrial injury on 4/5/2013. The mechanism of injury was not detailed. Current diagnoses include cervical spondylosis without myelopathy and thoracic sprain/strain. Treatment has included oral medications, massages, TENS, rest, and cervical medical branch blocks. Physician notes dated 10/7/2014 show complaints of neck pain rated 4/10 which is improved since receiving cervical branch blocks about one week ago. Recommendations include the possibility of permanent cervical radiofrequency ablation and medication refills with weaning in the near future. On 12/13/2014, Utilization Review evaluated a prescription for one bilateral C4-C5, C5-C6, and C6-C7 permanent cervical facet injection (radiofrequency ablation), each additional level, arthrogram, fluoroscopic guidance, IV sedation that was submitted on 12/29/2014. The UR physician noted that although the worker is a candidate for cervical facet radiofrequency neurotomy, injections of more than two levels at once are not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral C4-5, C5-6, C6-7 permanent cervical facet injection (radiofrequency ablation), each additional level, arthrogram, fluoroscopic guidance, IV sedation: Upheld

Claims Administrator 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), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The patient complains of chronic neck pain. The current request is for bilateral C4-5, C5-6, C6-7 permanent cervical facet injection (RFA), each additional level, arthrogram, fluroscopic guidance, IV sedation. The attending physician states in his 11/13/14 (312) report, that the patient underwent medial branch block on 9/30/14 with a 50% reduction in pain as well as improved cervical range of motion. He states the patient would like to proceed with radiofrequency ablation. The ODG does recommend this procedure when there is a diagnosis of facet joint pain and when facet joint blocks demonstrate significant decrease in VAS score and an increase in function. There must also be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The ODG also states that no more than two joint levels are to be performed at one time. In this case, there was evidence of 50% reduction in pain and improved neck function following a medial branch block on 9/30/14. However, there is no evidence of formal plan of rehabilitation and the request is for three levels. The ODG specifically states that no more than two levels are to be performed at one time. As such, medical necessity has not been established employing the guidelines and recommendation is for denial.