

Case Number:	CM15-0108232		
Date Assigned:	06/12/2015	Date of Injury:	09/24/1992
Decision Date:	07/17/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	06/04/2015

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:

The injured worker (IW) is a 64-year-old male who sustained an industrial injury on 09/24/1992. Diagnoses include cervical spondylosis. Treatment to date has included medications, physical therapy, chiropractic and injections. According to the Phone Follow-Up dated 4/15/15 the IW reported 80% relief of pain after the first bilateral medial branch blocks at C2, C3 and C4, and 90% relief after the second injections. He confirmed 90% or greater pain relief for approximately one week above the site of the fusion, stating specifically that the pain above the fusion was mostly resolved. His codeine intake was decreased from 60mg four times a day to only two in a week, his Celebrex use decreased from 200mg twice daily to once a day and his Metaxalone was unchanged at one per day. He described feeling more active with activities of daily living during that week, with 60% improvement in headaches. Previous neurotomies below the fusion provided 85% pain relief lasting greater than six months. He reported his pain was currently above the fusion, rated 8.5-9/10. The notes indicated the IW last received cervical neurotomies at C5 through C7 bilaterally on 8/19/14. X-rays of the cervical spine on 4/27/15 showed degenerative changes at C5-6 and C6-7 without spondylolisthesis with flexion and extension and bony fusion at C3 through C5. MRI of the cervical spine on 9/6/12 revealed the fusion at C3 through C5 with anterior cervical plate and screws at C3-C4 and multilevel uncovertebral joint degeneration and mild multilevel central and neural foraminal stenosis without focal dominant lesion. A request was made for cervical medial branch neurotomies bilaterally at C2, C3, and C4.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical medial branch neurotomy bilaterally at C2, C3 and C4: Overturned

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

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

Decision rationale: The patient presents with bilateral axial pain into the upper trapezius and pain at the upper cervical spine and the base of the occiput. The current request is for one cervical medial branch neurotomy bilaterally at C2, C3 and C4. The patient received a cervical neurotomy at bilateral C5, C6 and C7 on 8/19/14. The treating physician states on 4/21/15 (20B), "the patient had a positive response with the neurotomy at the lower levels with 85% relief. He continues with relief from the neurotomy below. He had a greater than 90% relief with the diagnostic medial branch block above the fusion; therefore, I feel the next step is a neurotomy at C2, C3, and C4 bilaterally." MTUS Guidelines do not address facet joint radiofrequency neurotomy. ODG states, "Under study, Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis." ODG lists the following criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time. 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. 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. The treating physician notes that the patient had a positive response with the neurotomy at C5, C6 and C7 with 85% relief lasting greater than 6 months. The patient received a diagnostic medial branch block bilaterally at C2, C3 and C4 on 3/10/15, which increased the patient's ability to function, provided a 90% reduction in pain and a reduction in medication usage. The request for facet joint radiofrequency neurotomy at the bilateral levels C2, C3 and C4 has met the criteria set forth by ODG. The current request is medically necessary.