MAXIMUS Federal Services

Case Number:	CM15-0134433		
Date Assigned:	07/22/2015	Date of Injury:	10/25/2013
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/13/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52-year-old female who sustained an industrial injury on 10/25/13. Injury were sustained as the result of a rear-end motor vehicle collision. Past surgical history was positive for right elbow extensor tendon repair. Conservative treatment included home exercise program, acupuncture, NSAIDS, medications, and physical therapy. The 2/10/14 cervical spine MRI impression documented anterolisthesis of C3 with respect to C4, and C4 with respect to C5. There was a 2 mm disc bulge at C2/3 without central stenosis or foraminal narrowing. At C3/4, there was a 2 mm disc bulge with right greater than left foraminal narrowing and mild right facet hypertrophy. At C4/5, there was a 2 mm disc bulge with left foraminal narrowing and bilateral facet hypertrophy. At C5/6, there was a 2 mm disc bulge with mild bilateral foraminal narrowing and facet hypertrophy. At C6/7, there was a 2 mm disc bulge with bilateral facet hypertrophy. At C7/T1, there was a 2-3 mm disc bulge with mild right foraminal narrowing. The 4/13/15 orthopedist report cited neck pain radiating into the left upper extremity. She reported increased pain radiating into the left upper extremity with motion. There was paraspinal tenderness and limited range of motion globally. The diagnosis included cervical disc bulge at C5/6 and C6/7, and left cervical radiculopathy. The treatment plan recommended continued home exercise program and referral to pain management for epidural steroid injection. The injured worker underwent diagnostic medial branch block at C3, C4, and C5 on 5/18/15. The 5/20/15 treating physician report cited nearly 100% improvement in her pain with improved ability to tolerate activities and perform home exercise. Physical exam documented cervical paraspinal muscle tenderness, decreased cervical range of motion due to pain, increased pain with cervical

extension and rotation, good muscle tone, and symmetrical deep tendon reflexes. The diagnosis was grade 1 spondylolisthesis C4/5 which reduces in extension, spondylosis C3/4, and facet arthropathy at C3/4 and C4/5. Given the injured worker positive response to the medial branch block, radiofrequency ablation was recommended. Additionally, Celebrex was prescribed as it reduced pain from 6/10 to 3/10. Authorization was requested for radiofrequency ablation at C3, C4, C5 bilaterally for neck pain. The 7/10/15 utilization review non-certified the request for bilateral C3, C4, and C5 radiofrequency ablation as the requested number of levels exceeds guideline recommendations and there was no detailed evidence that the injured worker had failed all first line therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at C3, C4 and C5 bilaterally for neck pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Work Loss Data Institute, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The California MTUS guidelines do not provide recommendations for cervical radiofrequency neurotomy. The Official Disability Guidelines indicate that cervical facet joint radiofrequency neurotomy is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. For repeat injections, pain relief of 50% or more for at least 12 weeks and sustained pain relief of a least 6 months duration should be documented. The pain response should be approximately 2 hours for Lidocaine. Guidelines limit diagnostic blocks to patients with cervical pain that is non-radicular. Guideline criteria have not been met. This injured worker presents with a history of radicular cervical pain. There is no current neurologic examination documented in the records. There is imaging evidence of multilevel disc bulging with foraminal narrowing and facet hypertrophy. There is also documentation of anterolisthesis at C3/4 and C4/5 that reduces at the C4/5 level with extension. There is reported benefit from a recent cervical facet medial branch blocks consistent with guidelines. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Guidelines do not support the use of facet injections for patients with radicular symptoms or radiofrequency ablation of more than 2 levels at one time. Therefore, this request is not medically necessary.