

Case Number:	CM15-0139083		
Date Assigned:	07/29/2015	Date of Injury:	08/29/2013
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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 38-year-old male who sustained an industrial injury on 8/29/13. The mechanism of injury was not documented. The 12/4/13 cervical spine MRI documented congenital spinal stenosis due to short pedicles with superimposed moderate spinal canal stenosis from C3/4 through C6/7. There was moderate to severe left neuroforaminal stenosis with encroachment upon the exiting left C5 and C6 nerve roots. Cervical facet medial branch blocks were performed at C3/4, C4/5 and C5/6 on 4/29/14 with 100% immediate relief documented with return to normal range of motion. The 5/19/15 treating physician report cited left sided neck pain without radicular symptoms. He had been objectively diagnosed with cervical facet pain involving the C3/4, C4/5, and C5/6 medial branch blocks with 100% pain relief for 48 hours in addition to classic physical exam findings. He was able to return to work, and stop all pain medications following the radiofrequency ablation. Physical exam documented exquisite pain with extension and rotation at the cervical spine on the left. He had tenderness to palpation over the left cervical facet joints, but not over the right. Sensation and motor function was intact. The treatment plan included a daily home exercise program. Due to increasing pain, his hydrocodone and Celebrex were refilled. Authorization was requested for left cervical radiofrequency medial branch neurotomy at C3/4, C4/5, and C5/6 with fluoroscopy. The 6/17/15 utilization review modified the request for left cervical radiofrequency medial branch neurotomy at C3/4, C4/5, and C5/6 with fluoroscopy to left cervical radiofrequency medial branch neurotomy at the C4/5 and C5/6 levels with fluoroscopy based on agreement with the provider for 2 facet joint levels consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical Radiofrequency Medial Branch Neurotomy C3-C4, C4-C5, C5-C6, with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back - Radiofrequency neurotomy, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Facet joint diagnostic blocks, Facet joint radiofrequency neurotomy.

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. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. This injured worker presents with left sided cervical facet pain. Clinical exam findings were consistent with positive left sided cervical medial branch blocks at the C3/4 through C5/6 levels. There was documentation of 100% pain relief, reduction in medications, and functional improvement following the diagnostic blocks. The 6/17/15 utilization review modified this request to a 2-level cervical radiofrequency neurotomy at C4/5 and C5/6 following discussion with the primary treating physician. There is no compelling rationale to support the medical necessity of additional certification as an exception to guideline recommendations for no more than 2 joint levels at one time. Therefore, this request is not medically necessary.