

Case Number:	CM15-0160314		
Date Assigned:	09/01/2015	Date of Injury:	07/11/2005
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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: California
 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 is a 55 year old female, who sustained an industrial injury on 07-11-2005. She has reported injury to the neck and low back. The diagnoses have included lumbar degenerative disc disease; lumbar post-laminectomy syndrome; sciatica; right L5 radiculopathy; cervical disc degeneration; and status post L5-S1 fusion, in April 2012. Treatment to date has included medications, diagnostics, cervical spine facet blocks, epidural steroid injections, aquatic therapy, physical therapy, and surgical intervention. Medications have included Gabapentin, Lyrica, Vicodin, and Trazodone. A progress report from the treating physician, dated 07-09-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain and low back pain; she underwent right cervical facet block at C4-C5 and C5-C6, and noticed a decrease in pain in the right side of her neck and improved range of motion; the injections on the right side were not as effective as the left; the right-sided injections decreased her pain by approximately 50%, whereas the left-sided injection decreased her pain by approximately 70%; and after having the diagnostic blocks on both sides, she is interested in proceeding with a radiofrequency ablation procedure. Objective findings included tenderness to palpation over the bilateral lower cervical facet joints; presence of spasm is noted in the upper trapezius bilaterally; and there is pain with facet loading (extension coupled with rotation) bilaterally. The treatment plan has included the request for bilateral permanent cervical facet injection at C3-C6, under IV sedation, with fluoroscopic guidance and arthrogram.

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 C3-C6, under IV sedation, with fluoroscopic guidance and arthrogram: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The current request is for bilateral permanent cervical facet injection at C3-C6, under IV sedation, with fluoroscopic guidance and arthrogram. The RFA is dated 07/24/15. Treatment to date has included medications, diagnostics, cervical spine facet blocks, epidural steroid injections, aquatic therapy, physical therapy, and surgical intervention. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is 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. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The patient underwent left cervical blocks at C4-5 and C5-6 on 05/05/15 and on the right on 06/30/15. The left sided diagnostic produced 70% reduction in pain, and the right produced 50%. The treater requests proceeding with a radio-frequency ablation procedure. In an appeal letter dated 08/31/15, the treater states that the requested cervical permanent block is "AKA" a radio-frequency ablation. He further noted that the request is to be changed to RFA at two levels only at C4-5 and C5-6. However, the request as it reads for this review is for 3 level facet injections including arthrogram. ODG does not support 3 level procedures for facet joints and intra-articular facet injections would not be indicated at this point. Furthermore, the request is for bilateral procedures and the diagnostic results were negative on the right side with less than 70% reduction of pain from the 6/30/15 procedure. The use of IV sedation including versed and fentanyl for sedation may also negate the diagnostic blocks per ODG. The request IS NOT medically necessary.