

Case Number:	CM15-0167877		
Date Assigned:	09/08/2015	Date of Injury:	10/04/2011
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 64 year old male, who sustained an industrial injury on 10-4-11. The injured worker was diagnosed as having cervical degenerative disease with facet arthropathy at C3-7, extensive marginal osteophytosis at C5-6, and C3-T1 severe degenerative disc disease. Treatment to date has included medication. Physical examination findings on 8-18-15 included cervical spine guarding and restricted painful cervical movement in all planes. Currently, the injured worker complains of neck pain. The treating physician requested authorization for 1 cervical facet block at bilateral C4-5 and C5-6 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical facet block at bilateral C4-C5 and C5-C6 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Diagnostic Criteria, Special Studies, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Acute & Chronic)
Facet joint blocks.

Decision rationale: This is a review for the requested cervical facet block at bilateral C4-C5 and C5-C6 levels. A cervical radiofrequency neurotomy (A.K.A. facet rhizotomy) is a pain management technique used to treat chronic neck pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying a facet joint, specifically the medial branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. According to MTUS guidelines radiofrequency neurotomy is an option for management of neck pain. The evidence is limited with regard to effective relief of cervical facet joint pain. The sample sizes in studies demonstrating efficacy are generally small. Effective relief has been demonstrated in patients who have had a positive response to facet injection. There is documentation in this patient's medical record indicating this patient did not get relief from injection performed in 2013 with pain levels noted to be worse. In addition, the Official Disability Guidelines specify the procedure is not deemed successful without sustained pain relief of at least 50% for 6 weeks. There is clear documented evidence this patient did not achieve pain relief. Therefore, the above listed issue is not medically necessary.