

Case Number:	CM15-0168477		
Date Assigned:	09/09/2015	Date of Injury:	08/07/2014
Decision Date:	10/14/2015	UR Denial Date:	08/05/2015
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: 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 57-year-old male who sustained an industrial injury on 8/7/14. Injury occurred while he was unloading heavy equipment down a trailer ramp, and experienced sharp neck pain which radiated down his back. Conservative treatment included activity modification, physical therapy, chiropractic, ice/heat, home exercise, medications, epidural steroid injection and trigger point injections. The 10/1/14 cervical spine MRI impression documented a disc osteophyte complex at C6/7 causing mild thecal sac effacement, with uncovertebral spurring with moderate left and mild right foraminal stenosis. At C5/6, there was disc osteophyte complex with mild thecal sac effacement, and moderate right and mild left foraminal stenosis. At C4/5, there was disc degeneration and type 1 endplate changes, disc osteophyte complex with mild thecal sac effacement, and mild bilateral foraminal stenosis. At C3/4, there was disc osteophyte complex with mild thecal sac effacement, and mild right and moderate left foraminal stenosis. The 6/10/15 bilateral upper extremity electrodiagnostic study documented evidence of mild left cervical radiculopathy affecting the C5 or less likely the C6 nerve root. It was possible but unlikely that the mild irritability seen in the cervical paraspinal muscles was not due to a radiculopathy but just transient irritability caused by the facet joint injections last week. The 6/16/15 treating physician report indicated that the injured worker underwent left C5-T1 medial branch block on 6/3/15 with 50% improvement in pain since the injection, with improved range of motion, increased activity level, and reduced medication use. The 7/28/15 treating physician report indicated that the injured worker was status-post left C5-T1 medial branch blocks performed on 6/3/15 with 50% reduction in pain and 30% improvement in headaches. Pain had

now returned to baseline. He reported grade 8-9/10 neck pain without medication. There were no radicular symptoms. Cervical spine exam documented tenderness to palpation, decreased range of motion, negative Spurling's and Adson's tests, and normal motor and sensory findings. The bilateral spinal muscles overlying the facets at C4/5, C5/6, and C6/7 were painful. Authorization was requested for left C5/6, C6/7, and C7/T1 radiofrequency ablation under fluoroscopy. The 8/7/15 utilization review non-certified the request for C5/6, C6/7, and C7/T1 radiofrequency ablation under fluoroscopy as the request for three levels of radiofrequency ablation exceeded the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-C6, C6-C7 and C7-T1 radiofrequency ablation under fluoroscopy: Upheld

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

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 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. One set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% for approximately 2 hours for Lidocaine 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. Guideline criteria have not been met. This injured worker presents with grade 8-9/10 neck pain and pressure, without radicular pain. He underwent left C5 to T1 medial branch blocks on 6/3/15 with a reported 50% reduction in symptoms, improved range of motion, increased activities, and reduction in medications. This medial branch block response is less than guideline criteria of 70% to proceed with cervical radiofrequency neurotomy. Therefore, this request is not medically necessary.