

Case Number:	CM15-0169469		
Date Assigned:	09/10/2015	Date of Injury:	11/02/1998
Decision Date:	10/15/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/28/2015

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 male, who sustained an industrial injury on 11-2-1998. The injured worker was diagnosed as having neck pain, chronic cervical pain, radiculitis and carpal tunnel syndrome. The request for authorization is for: radiofrequency ablation 2 units; fluoroscopic guidance 2 units; surgery tray 2 units. The UR dated: 7-27-2015, gave non-certification of radiofrequency ablation 2 units; fluoroscopic guidance 2 units; surgery tray 2 units. On 6-25-2015, he is seen for chronic cervical pain which gives him muscle tension headaches. He reported migraine headaches with weather changes. No physical findings are documented. A request for authorization dated 7-8-2015 requested nerve block. On 7-15-2015, he is noted to report 7 out of 10 neck pains and indicated no major changes over the past few months. He current takes Neurontin and Ambien. Physical findings are not documented. On 7-16-2015, he is noted to suffer from chronic cervical pain. On this date he underwent right C2, C3, C4 and C5 dorsal rami Median Branch nerve blocks under fluoroscopic guidance. A request for authorization dated 7-21-2015, indicates the diagnosis of neck pain, and requests radiofrequency ablation. The treatment to date has included: medications, median branch nerve block. Diagnostic testing has included: no diagnostic testing is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation 2 units with fluoroscopic guidance and surgery tray: Upheld

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

Decision rationale: Based on the 7/16/15 progress report provided by the treating physician, this patient presents with unchanged cervical pain rated 7/10. The treater has asked for RADIOFREQUENCY ABLATION 2 UNITS WITH FLUOROSCOPIC GUIDANCE AND SURGERY TRAY on 7/16/15. The patient's diagnosis per request for authorization dated 7/21/15 is neck pain. The patient's neck pain rated 7/10 is typical for him with no major changes in the last 3 months per 7/16/15 report. The patient is currently taking Neurontin and Ambien per 7/16/15 report. The patient is having migraine headaches with weather changes per 6/25/15 report. The treater states that a planned radiofrequency rhizotomy at C2-3 and C3-4 will target patient's headache pain per 6/25/15 report. The patient's work status is not included in the provided documentation. 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 continues with chronic neck back and migraine headaches. The request is for a radiofrequency ablation following a medial branch block, and the patient has not had a prior radiofrequency ablation per review of reports. On the 7/16/15 report, the patient was given a right C2, C3, C4, and C5 dorsal rami medial branch nerve block, and the patient was told to keep a diary. In the 8/11/15 report, dated after utilization review letter dated 7/27/15, the patient stated that the prior medial branch block gave immediate improvement in cervical pain/headaches but lasted only for 6 hours. Utilization review letter dated 7/27/15 denies request as there is evidence of radicular pain at C6-7. In this case, the patient had a positive response to a prior medial branch block, but the request is for 3 level facet joints. ODG does not support more than 2 levels for facet joints. The request IS NOT medically necessary.