

Case Number:	CM15-0186338		
Date Assigned:	09/28/2015	Date of Injury:	06/20/2003
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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 50-year-old female who sustained an industrial injury on 6/20/03. Injury was reported relative to repetitive work duties as a production packer inspector. She was status post anterior cervical decompression and fusion (ACDF) at C5/6, and status post removal of hardware at C5/6 and ACDF at C4/5 in December 2011. The 1/28/15 bilateral upper extremity EMG/NCV findings documented bilateral ulnar neuropathy at the elbow (cubital tunnel syndrome). The 7/13/15 operative report documented a C4/5 bilateral facet joint anesthetic and corticosteroid injection. The 7/20/15 spine surgeon report indicated that the injured worker had undergone a cervical facet block at C4/5 with 100% resolution of her symptoms that lasted for the length of the anesthetic. She reported grade 10/10 neck pain radiating to the right shoulder and down the arm with pain in both hands. She also reported grade 10/10 low back pain radiating into the bilateral lower extremities. Cervical spine exam documented paracervical and trapezius muscle tenderness, tenderness over the base of the skull, and tenderness over the interscapular space. There was restricted and painful range of motion, positive facet loading, and right shoulder abduction weakness. Neurologic exam documented absent right triceps reflex, absent bilateral brachioradialis reflexes, and decreased sensation over the right C5-C8 dermatomes. Imaging showed solid fusion at C4-C6, disc degeneration at C3/4 and C6/7 with anterior osteophytes and mild to moderate facet arthropathy. The treatment plan recommended radiofrequency ablation, psychological evaluation, and a refill of Imitrex. Authorization was requested for radiofrequency ablation at C4/5. The 8/25/15 utilization review non-certified the request for radiofrequency ablation at C4/5 based on the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation C4-C5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. Guidelines state the one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Guidelines limit diagnostic blocks to patients with cervical pain that is non-radicular and state they should not be performed in patients who have had a previous fusion at the planned injection level. Guideline criteria have not been met. This injured worker presents with neck pain radiating to the right upper extremity. Clinical exam findings documented positive facet loading in addition to motor and sensory deficits and reflex changes. She is status post fusion at the C4/5 and C5/6 levels. Additionally, there is no evidence of a formal plan of rehabilitation in addition to facet joint therapy. Guidelines do not support facet joint therapy in the area of prior fusion or for patients with radicular symptoms. Therefore, this request is not medically necessary.