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| Case Number: | CM15-0190859 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 05/02/2006 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: Family Practice

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 56 year old female, who sustained an industrial injury on 05-02-2006. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for cervical spondylosis. Treatment and diagnostics to date has included cervical epidural steroid injection (noted as "not helpful"), cervical medial branch block (noted to "offer a significant amount of relief"), and use of medications. Current medications include Oxycodone, Norco, Alprazolam, Soma, and Fioricet. Cervical spine MRI report dated 09-30-2013 states "intact cervical fusion of C4 through C6, mild degenerative changes and broad-based disc bulge at C6-C7, but no significant flattening of the cervical cord or neural foraminal encroachment is seen, and mild neural foraminal encroachment on the left at C3-C4 and C5-C6 secondary to posterolateral osteophyte-disc complex". After review of progress notes dated 04-13-2015 and 08-06-2015, the injured worker reported neck pain causing headaches. Objective findings included left greater than right cervical paraspinal tenderness with restrictions in rotation. The request for authorization dated 08-26-2015 requested cervical radiofrequency nerve ablation of left C3, C4, and C5. The Utilization Review with a decision date of 09-01-2015 non-certified the request for cervical radiofrequency nerve ablation of left C3, C4, and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical radiofrequency nerve ablation of left C3, C4 and C5: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back: Facet joint radiofrequency neurotomy; Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck, Section: Cervical Facet Radiofrequency Neurotomy.

Decision rationale: The Official Disability Guidelines have established the following criteria for use of cervical facet radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be 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. In addition, these guidelines state that this procedure should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the records indicate that the patient has had a prior cervical fusion at the C4/5/6 level. Further, the medical records do not provide sufficient evidence that the patient meets the above criteria for cervical radiofrequency nerve ablation. Specifically, the diagnosis of facet joint pain is unclear and there is no documentation of a prior diagnostic block. For these reasons, cervical radiofrequency nerve ablation of the left C3 and C4/5 areas is not medically necessary.