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| Case Number: | CM15-0197515 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 02/02/2002 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/07/2015 |

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, with a reported date of injury of 02-02-2002. The injured worker's date of birth was not indicated in the medical records provided for review. The diagnoses include cervical facet arthropathy. Treatments and evaluation to date have not been specified in the medical records included. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-10-2015 indicates that the injured worker complained that his neck pain was coming back. The objective findings included limited and painful neck range of motion. The injured worker has been instructed to return to modified work. The treating physician requested bilateral cervical facet block with radiofrequency and with sedation at C2, C3, C5, and C6. On 09-24-2015, Utilization Review (UR) non-certified the request for bilateral cervical facet block with radiofrequency and with sedation at C2, C3, C5, and C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical facet block with RF and with sedation C2, 3-C5, 6x1 day: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Work Loss Data Institute, LLC Corpus Christi, TX, www.odg-twc.com, Section: Neck and Upper Back (Acute & Chronic) (updated 06/25/2015).

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: The current request is for bilateral cervical facet block with RF and with sedation C2, 3-C5, 6x1 day. The RFA is not provided in the medical file. Treatment history includes previous injections, physical therapy and medications. The patient may return to modified work. 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 physician has provided a partially illegible hand written report dated 08/10/15. In this report, the patient complains of neck pain. Examination revealed limited and painful neck ROM. Under treatment plan the physician noted due to repeat RF C23- C56. The Utilization Review letter dated 09/24/15, states that the patient had a radiofrequency ablation on 09/18/14. Review of subsequent reports does not document significant pain relief or change in function with the prior injection. For a repeat RFA, the ODG guidelines require 50% or more of pain improvement for at least 12 weeks, and medication reduction and functional improvement must be provided. In addition, ODG states that no more than 2 levels are to be injected at one time. This request appears to be for C2-3 through C5-6. The patient does not meet the criteria for a repeat injection. The request IS NOT medically necessary.