

Case Number:	CM15-0020426		
Date Assigned:	02/10/2015	Date of Injury:	09/01/2013
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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:

This 46 year old male sustained an industrial injury on 9/1/13, with subsequent ongoing neck pain. Treatment plan included medications, physical therapy, acupuncture, steroid injections, cervical facet injections and trigger point injections. In an office visit dated 1/14/15, the injured worker complained of neck pain. The injured worker reported undergoing cervical facet injection on 1/9/15 with reduction in pain by 95%; however, the pain had already returned to baseline. Physical exam was remarkable for cervical spine with tenderness to palpation and limited range of motion with intact sensation. Current diagnosis was neck pain and cervical spondylosis. The injured worker underwent trigger point injections during the office visit. The treatment plan included modified work duty, radiofrequency denervation of cervical facet joints bilaterally at C4-5 and C5-6. On 1/23/15, Utilization Review noncertified a retrospective request for trigger point injections x 2 with a dos of 1/14/2015 and requests for radiofrequency denervation of cervical facet joints bilateral (C4-C5), radiofrequency denervation of cervical facet joints bilateral (C5-C6) and intravenous sedation citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency denervation of cervical facet joints bilateral (C4-C5) #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with neck pain. The request is for RADIOFREQUENCY DENERVATION OF CERVICAL FACET JOINTS BILATERAL (C4-C5) #1. The RFA provided is dated 01/14/15. Physical examination to the cervical fact joints and paraspinal musculature C4-5, 5-6 showed tenderness to palpation. There was limited range of motion of the neck with flexion and extension. Patient's diagnosis included neck pain and cervical spondylosis. Patient is to return to modified duty. ODG under the Neck Chapter, Facet joint radiofrequency neurotomy, states "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 this case, the 01/15/15 medical report indicates that the patient received a cervical facet injection on 01/09/15 with 95% reduction in pain for 3 days; however, the pain returned to baseline. The treater would like to proceed to RF ablation but ODG guidelines require a positive response to dorsal medial branch blocks and a clear diagnosis of facet joint syndrome prior to RF ablation. Intra-articular injections with 3 days of pain relief is likely a placebo response without any useful information as to the patient's facet joint syndrome. RF ablation would not be indicated. The request IS NOT medically necessary.

Radiofrequency denervation of cervical facet joints bilateral (C5-C6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with neck pain. The request is for RADIOFREQUENCY DENERVATION OF CERVICAL FACET JOINTS BILATERAL (C5-C6). The RFA provided is dated 01/14/15. Physical examination to the cervical fact joints and paraspinal musculature C4-5, 5-6 showed tenderness to palpation. There was limited range of motion of the neck with flexion and extension. Patient's diagnosis included neck pain and cervical spondylosis. Patient is to return to modified duty. ODG under the Neck Chapter, Facet joint radiofrequency neurotomy, states "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 this case, the 01/15/15 medical report indicates that the patient received a cervical facet injection on 01/09/15 with 95% reduction in pain for 3 days; however, the pain returned to baseline. The treater would like to proceed to RF ablation but ODG guidelines require a positive response to dorsal medial branch blocks and a clear diagnosis of facet joint syndrome prior to RF ablation. Intra-articular injections with 3 days of pain relief is likely a placebo response without any useful information as to the patient's facet joint syndrome. RF ablation would not be indicated. The request IS NOT medically necessary.

IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter under Epidural Steroid Injections.

Decision rationale: The patient presents with neck pain. The request is for IV SEDATION. The RFA provided is dated 01/14/15. Physical examination to the cervical fact joints and paraspinal musculature C4-5, 5-6 showed tenderness to palpation. There was limited range of motion of the neck with flexion and extension. Patient's diagnosis included neck pain and cervical spondylosis. Patient is to return to modified duty. ODG Guidelines Pain Chapter under Epidural Steroid Injections states the following: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. In this case, it appears that the IV sedation was requested by the treater in conjunction with the patient's radiofrequency denervation of cervical facet joints request. Given that the request for radiofrequency denervation of cervical facet joints was denied, the request for IV sedation IS NOT medically necessary.

Retrospective request for trigger point injections x 2 with a dos of 1/14/2015: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with neck pain. The request is for IV SEDATION. The RFA provided is dated 01/14/15. Physical examination to the cervical fact joints and paraspinal musculature C4-5, 5-6 showed tenderness to palpation. There was limited range of motion of the neck with flexion and extension. Patient's diagnosis included neck pain and cervical spondylosis. Patient is to return to modified duty. ODG Guidelines Pain Chapter under Epidural Steroid Injections states the following: There is no evidence-based literature to make a firm

recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. In this case, it appears that the IV sedation was requested by the treater in conjunction with the patient's radiofrequency denervation of cervical facet joints request. Given that the request for radiofrequency denervation of cervical facet joints was denied, the request for IV sedation IS NOT medically necessary.