MAXIMUS Federal Services

Case Number:	CM15-0027589		
Date Assigned:	02/19/2015	Date of Injury:	01/06/2011
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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 50 year old female, who sustained an industrial injury on January 6, 2011. The diagnoses have included cervical facet joint arthropathy, disc protrusion, stenosis and cervical strain/sprain. Treatment to date has included physical therapy, medications, diagnostic facet joint block and radiofrequency nerve ablation. Currently, the injured worker complains of neck pain which she rated a 5 on a 10-point scale. Her pain was relieved with pain medication, rest and massage. On examination, she had tenderness over the paraspinal muscles overlying the bilateral C5-T1 facet joints, periscapular regions, left dorsal forearm and left lateral epicondyle. Her cervical range of motion was restricted with pain. Her cervical facet joint maneuvers were positive. Muscle strength was 5/5 on the left and right upper extremities and her sensation was intact. On January 13, 2015 Utilization Review non-certified a request for bilateral C6-C7, C7-T1 facet joint radiofrequency nerve ablation, noting that there was no documentation of a plan for a rehabilitation program as is recommended by the guidelines. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and the ACOEM were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of bilateral C6-C7, C7-T1 facet joint radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-C7, C7-T1 Facet Joint Radiofrequency Nerve Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Online Edition, Neck and Upper Back Chapter (Acute & Chronic), Facet Joint Radiofrequency Neurotomy and diagnostic blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing disc protrusion changes. Submitted reports have not demonstrated support outside guidelines criteria. It appears the patient has received the radiofrequency procedures without reports presented identifying its functional benefit if any for this chronic injury Submitted reports have not demonstrated support outside guidelines criteria as previous medial branch block have not demonstrated specific duration of relief identified, what improvement in ADLs, functional status, decrease in medication dosages, or medical utilization are specified. The Bilateral C6-C7, C7-T1 Facet Joint Radiofrequency Nerve Ablation is not medically necessary and appropriate.