

Case Number:	CM15-0214313		
Date Assigned:	11/04/2015	Date of Injury:	08/12/2014
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old man sustained an industrial injury on 8-12-2014. Diagnoses include C4-C5 disc degeneration, thoracic strain, L5-S1 disc degeneration, left wrist common extensor tendonitis, right talus fracture, and cervical arthropathy. Treatment has included oral medications, chiropractic care, physical therapy, and cervical facet blocks. Physician notes dated 9-22-2015 show complaints of neck pain with associated headaches and low back pain. The worker rates his pain 5 out of 10 without medications and 3 out of 10 with medications. The physical examination shows tenderness or spasms in the cervical paracervical muscles overlying the facets and decreased sensation in the right C6 dermatome. Cervical spine range of motion is noted to be flexion 36 out of 50 degrees, extension 40 out of 60 degrees, left lateral bend 38 out of 45 degrees, right lateral bend 34 out of 45 degrees, right lateral rotation 65 out of 80 degrees, and right rotation 60 out of 80 degrees. Strength is normal and triceps reflexes are absent bilaterally. Recommendations include physical therapy, pain management consultation, cervical radiofrequency ablation, psychological evaluation, neurological consultation, chiropractic therapy, random urine drug screen, and follow up in four to six weeks. Utilization review denied requests for pain management consultation and cervical spine radiofrequency ablation on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management consultation and cervical radiofrequency ablation at C3-C4:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint radiofrequency rhizotomy.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per MTUS ACOEM, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks but beyond that MTUS is silent on specific requirements for RF ablation in the cervical spine. Per ODG with regard to facet joint radiofrequency neurotomy "under study". Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. The ODG indicates that criteria for cervical facet joint radiofrequency neurotomy are as follows: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 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. The documentation submitted for review does not indicate that the injured worker has undergone successful facet joint diagnostic blocks providing 50% pain relief for six weeks. Absent such, radiofrequency ablation is not medically necessary.