

Case Number:	CM15-0217771		
Date Assigned:	11/09/2015	Date of Injury:	03/02/1993
Decision Date:	12/28/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/05/2015

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 57-year-old female sustained an industrial injury on 3-2-93. Documentation indicated that the injured worker was receiving treatment for cervical post laminectomy syndrome with cervical degenerative disc disease. Recent treatment consisted of aqua therapy, occupational therapy, psychotherapy, pain support group and medications. The injured worker received right C3-7 radiofrequency ablation on 3-23-15. In a progress note dated 4-23-15, the injured worker reported 50 to 60% improvement in pain. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature. The treatment plan included continuing Butrans patch, Ketamine compound cream, psychotherapy and occupational therapy. In a PR-2 dated 7-23-15, the injured worker reported that her pain had started to worsen, rated 8.5 out 10. Physical exam was remarkable for tenderness to palpation to the cervical paraspinal musculature. The treatment plan included continuing Butrans patch, psychotherapy, occupational therapy and Ketamine compound cream and scheduling repeat right C3-7 facet radiofrequency ablation. On 10-14-15, Utilization Review noncertified a request for right C3-C7 facet radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-C7 cervical facet radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient was injured on 03/02/93 and presents with right sided neck pain. The request is for a RIGHT C3-C7 CERVICAL FACET RADIOFREQUENCY ABLATION. The RFA is dated 07/23/15 and the patient's current work status is not provided. The patient had a prior cervical spine RFA on 03/23/15. ODG Guidelines, Neck and Upper Back Chapter, under Facet joint radiofrequency neurotomy Section states, "Criteria for use of cervical facet radiofrequency neurotomy: 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 patient is diagnosed with cervical post laminectomy syndrome with cervical degenerative disc disease. Treatment to date includes aqua therapy, occupational therapy, psychotherapy, pain support group and medications. The patient had a prior cervical spine RFA on 03/23/15, which resulted in 50-60% improvement with neck range of motion, still difficulty turning head right 2nd to chronic pain. This is a request for a repeat RFA. Although the patient had 50-60% relief with prior injection, there is no indication of how long this relief lasted for. For a repeat RFA, the ODG guidelines require 50% or more of pain improvement for at least 12 weeks, medication reduction and functional improvement. In addition, ODG states that no more than 2 levels are to be injected at one time. The current request is for C3-C7. The patient does not meet the criteria for a repeat injection. Therefore, the request IS NOT medically necessary.