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| Case Number: | CM15-0031437 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 12/21/2009 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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 58 year old male, who sustained an industrial injury on 12/21/2009. He has reported neck pain. The diagnoses have included chronic neck pain; cervical facet joint arthropathy; cervical degenerative disc disease. Treatment to date has included medications and cervical diagnostic facet joint medial branch blocks. Medications have included Norco. A progress note from the treating physician, dated 01/22/2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral neck pain radiating to the scapular region; and improved of cervical neck pain and range of motion after recent positive fluoroscopically-guided diagnostic right C5-C6 and right C7-T1 facet joint medial branch block. Objective findings included tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C5-C6 and C6-T1 facet joints; and cervical ranges of motion were restricted by pain in all directions. The treatment plan has included request for Fluoroscopically Guided C5-C6 & Bilateral C7-T1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) with moderate sedation. On 02/10/2015 Utilization Review noncertified 1 prescription of Fluoroscopically Guided C5-C6 & Bilateral C7-T1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) with moderate sedation. The ODG was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of Fluoroscopically Guided C5-C6 & Bilateral C7-T1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) with moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided C5-C6 & Bilateral C7-T1 facet Joint radiofrequency nerve ablation (neurotomy/rhizotomy) with moderate sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Treatment Index, 13th edition(web) 2015, Neck- Facet Joint Radio frequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, RF ablation.

Decision rationale: This patient presents with bilateral neck pain, radiating scapular pain. The treater has asked for FLUROSCOPICALLY GUIDED C5-6 AND BILATERAL C7-T1 FACET JOINT RADIO FREQUENCY NERVE ABLATION NEUROTOMY/RHIZOTOMY WITH MODERATE SEDATION on 11/25/14. The utilization review letter dated 2/10/15 specifies: bilateral C5-6 and bilateral C7-T1 facet joint radio frequency nerve ablation. The patient is s/p positive fluoroscopically-guided diagnostic left C5-6 and left C7-T1 facet joint medial branch block on 11/24/14, with patient reporting 70% relief and increased range of motion 30 minutes after the injection that lasted more than 2 hours, per 11/25/14 report. For radio frequency neurotomy of C-spine, ACOEM states that it gives mixed results, and recommends for select patients who have failed conservative modalities and have positive results with diagnostic nerve blocks, including functional recovery over the expected duration of the anesthetic agent indicative of facet-mediated pain. The patient is currently not working. In this case, the patient has chronic neck pain. The patient had a successful medial branch block at left C5-6 and left C7-T1 which gave 70% reduction of pain and increased range of motion for more than 2 hours. The requested radio frequency ablation at the bilateral C5-6 and bilateral C7-T1 facets appears reasonable and within ODG guidelines. The request IS medically necessary.