

Case Number:	CM15-0058323		
Date Assigned:	04/03/2015	Date of Injury:	06/21/2000
Decision Date:	05/12/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 73-year-old female who sustained an industrial injury on 6/21/00. The mechanism of injury was not documented. She underwent a right C2, C2/3, and C3/4 diagnostic medial branch block on 1/12/15 for chronic neck pain to rule-out facet generated pain. The 2/12/15 treating physician report cited grade 8/10 right sided neck pain with stiffness and difficulty in range of motion. She was using methadone and Norco for pain relief. The pain decreased by 75% in the post-anesthetic phase following right C2, C2/3, and C3/4 diagnostic medial branch blocks, and her stiffness improved. Her right sided pain had returned and was 8/10. Past medical history was reported positive for radiating pain to the arms. Physical exam documented moderate discomfort and pain behaviors, and sub-occipital and occipital tenderness bilaterally. Cervical range of motion was restricted in flexion which caused pain, and much more restricted in extension with pain. She was holding her head and neck in a left-sided awkward position. Cervical facet loading test was positive bilaterally, worse on the right. Upper extremity neurologic exam was within normal limits. Subjectively and clinically she is suffering from right cervical facet joint pain and is positive for right cervical facet load pain. The treatment plan recommended radiofrequency lesioning. The 2/27/15 utilization review non-certified the request for radio frequency lesioning to the right C2, C2/3, C3/4 to cover the right C2/3 and right C3/4 facet joints under fluoroscopic guidance as there was no change in pain noted in the patient's pain diary reported in the peer-to-peer discussion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning to the right C2, C2-C3, C3, C4 to cover the right C2-C3 and right C3-C4 facet joints under fluoroscopic guidance: 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), Thoracic and Lumbar Spine, Criteria for use of facet joint radiofrequency neurotomy.

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: Facet joint diagnostic blocks, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for cervical radiofrequency neurotomy. The Official Disability Guidelines indicate that cervical facet joint radiofrequency neurotomy is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency neurotomy include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. Guidelines state the one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. Guideline criteria have not been met. There is no documentation of duration of pain relief achieved with the diagnostic medial branch blocks and conflicting reporting of response. There is no documentation of a functional benefit. There is no evidence of a formal plan of rehabilitation in addition to facet joint therapy. Therefore, this request is not medically necessary.