

Case Number:	CM15-0058890		
Date Assigned:	04/03/2015	Date of Injury:	12/16/2008
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61-year-old male with an industrial injury dated 12/16/2008. The injured worker diagnoses include disorders of bursae and tendon, lumbago, radiculopathy, rotator cuff sprain and cervical sprain/strain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/03/2015, the treating physician noted limited range of motion of the shoulder, positive Speeds test and equivocal empty beer can test. In a progress note dated 2/17/15, the injured worker complained of low back pain, right lower extremity radiculopathy, cervicalgia and bilateral shoulder pain. The treating physician prescribed Diclofenac Misoprostol 75/200mg every 8 hours #270 with 3 refills, radiofrequency ablation at right C4 with imaging guidance, and radiofrequency ablation at right C5-C6 with imaging guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at right C4 with imaging guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical facet radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy, <http://worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Facetjointinjections>.

Decision rationale: According to MTUS guidelines, There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n _ 24, 28). Caution is needed due to the scarcity of high-quality studies. According to ODG guidelines, 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. Furthermore and according to ODG guidelines, 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. In this case, there is no documentation of functional improvement with a prior RFA. The patient does not fulfill the criteria mentioned above and the efficacy of RFA for neck pain is based on limited evidences. Therefore, the request for Radiofrequency ablation at right C4 with imaging guidance is not medically necessary.

Radiofrequency ablation at right C5-C6 with imaging guidance qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical facet radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Facet joint radiofrequency neurotomy, <http://worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Facetjointinjections>.

Decision rationale: According to MTUS guidelines, there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n _ 24, 28). Caution is needed due to the scarcity of high-quality studies.

According to ODG guidelines, 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. Furthermore and according to ODG guidelines, 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. In this case, there is no documentation of functional improvement with a prior RFA. The patient does not fulfill the criteria mentioned above and the efficacy of RFA for neck pain is based on limited evidences. Therefore, the request for Radiofrequency ablation at right C5-C6 with imaging guidance qty: 2 is not medically necessary.

Diclofenac Misoprostol 75/200mg every 8 hours #270 with 3 refills qty: 1080: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, DICLOFENAC SODIUM-MISOPROSTOL is used for treatment of pain and inflammation. In this case, the patient was using NSAIDS for a longtime without documentation of efficacy. In addition, there is no documentation of monitoring for safety and adverse reactions of the drug. Therefore, the request for Diclofenac Misoprostol 75/200mg every 8 hours #270 with 3 refills qty: 1080 is not medically necessary.