

Case Number:	CM15-0059728		
Date Assigned:	04/06/2015	Date of Injury:	12/16/2010
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male mechanic, who sustained an industrial injury on 12/16/10. The injured worker was diagnosed as having cervical disc herniation, right trapezius strain, right shoulder sprain, cervical radiculopathy, spinal stenosis of cervical spine and neck muscle strain. Treatment to date has included activity restrictions, home exercise program, neurotomy of facet branches (March 2013) and neurotomy of left C4, 5 and 6 medial branches (August 2013), aqua therapy, oral medications, acupuncture and physical therapy. At visit on 3-4-15, the injured worker complained of persistent shoulder and back pain. Upon physical exam, tenderness was noted in cervical paraspinal muscles and there was pain on cervical motion although there was full cervical range of motion, tenderness also in bilateral trapezius muscles and in bursitis musculature of right shoulder, there was with decreased range of motion of right shoulder, and he had normal deep tendon reflexes, sensation and motor exams. The treatment plan included repeat neurotomy bilateral C4, 5 and 6 to relieve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat RF Neurotomy Bilateral C4, C5, C6: Overturned

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, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chp 8 pg 174, 181; Chp 12 pg 300, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs); Pulsed radiofrequency treatment (PRF) Page(s): 39-40, 46, 102. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians.

Decision rationale: Radiofrequency ablation (RFA) or neurotomy is a diagnostic and/or therapeutic procedure, which uses radio waves to generate heat in specifically targeted nerves to temporarily interfere with their ability to transmit pain signals. The procedure is recommended to temporarily reduce chronic spinal pain that hasn't been adequately relieved by other means, such as medications or physical therapy. The MTUS does not specifically comment on RFA therapy but does not recommend pulsed radiofrequency treatment for trigeminal neuralgia or facet joint pain. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. According to the American Society of Interventional Pain Physicians, the evidence for therapeutic RFA is fair in managing cervical pain via cervical radiofrequency neurotomy and cervical medial branch blocks. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 6 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The crux of the decision to repeating this treatment in this patient is based on the expected long-term benefit. His RFA was in 2013 so it is well past the minimum 6-month effectiveness criteria. Evidence-based data suggests repeating this procedure does result in better long-term control of low back pain. With improved pain control rehabilitative treatments, such as the physical therapy and aqua therapy, will theoretically have a better effect. This patient does have evidence of disease and has had a good effect from prior RFA treatment so similar, if not better; control of his pain would be expected. Medical necessity for this procedure has been established.