

Case Number:	CM15-0083314		
Date Assigned:	05/05/2015	Date of Injury:	03/01/2004
Decision Date:	06/04/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	04/30/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 3/1/04. Initial complaints were not reviewed. The injured worker was diagnosed as having thoracic pain; knee pain; cervical disc degeneration; wrist carpal tunnel syndrome; cervical facet syndrome; thoracic disc degeneration; lumbar lumbosacral disc degeneration. Treatment to date has included status post left carpal tunnel release (11/13/08); urine drug screening; medications. Diagnostics included MRI Cervical Spine (9/7/11 and 10/28/14); MRI left wrist (11/27/12); MRI right wrist (11/27/12); MRI left knee (6/17/08); MRI left shoulder (9/28/09). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker came to the office on this date with complaints of headache. His pain level remained unchanged since his last office visit at a pain level with medications as 7/10 and without as 10/10. His quality of sleep is poor and denies any new injury, side effects or new problems. The injured worker indicates his prescribed medications are working well with no side effects and they are listed as: Maxalt 10mg 1 as needed; Lyrica 100mg 1 BID; Verapamil 240mg ER 1 BID; Cymbalta 30mg once daily; Anaprox DS 550mg BID and Prilosec DR 20mg once daily. The treatment plan documents the injured worker is having increased headaches that start at the base of the neck on the left die and radiate up to the occiput into the eye ongoing the past 3 months. He notes these are consistent with cervicogenic headaches secondary to cervical facet syndrome. The last radiofrequency ablation was done 7/2012 which he responded well increasing movement of his neck. The cervicogenic headaches were completely managed following the procedure along with his current medications regimen.

He was able to taper off of narcotic medications after the radiofrequency ablation. The provider has requested cervical facet radiofrequency ablation at left C3, C4, and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet radiofrequency ablation at left C3, C4, C5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation criteria for the use of cervical facet radiofrequency neurotomy Official Disability Guidelines (ODG), neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

Decision rationale: CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70 % reduction pain that lasts for at least two hours is obtained. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at & #8805; 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. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the pain relief from prior radiofrequency ablation provided sustained pain relief for more than 6 months. Left C3 C4 C5 radio frequency ablation is medically necessary.