

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0084453 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 05/27/2011 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

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

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 48-year-old female who sustained an industrial injury on 05/27/2011. Current diagnoses include cervical strain, disk narrowing and posterior osteophytes at the C5-6 level, and facet disease cervical spine C1-5. Previous treatments included medication management, cervical epidural, previous rhizotomies, and physical therapy. Previous diagnostic studies include cervical spine x-rays on 03/20/2015, and an MRI of the cervical spine performed 10/15/2011. Initial injuries included face, nose, upper lip, teeth, and then subsequently developed neck pain. Report dated 03/20/2015 noted that the injured worker presented with complaints that included returning cervical pain. Pain level was not included. The physician noted that the injured worker did not have improvement with the cervical epidural injection that was performed. It was also noted that the injured worker has had a reaction to Celebrex and oral steroids. In 2012, she underwent facet rhizotomies with 70% improvement, in 2013, she underwent a repeat rhizotomy with more than one year of relief, and in 2014, a repeat rhizotomy provided mild improvement. Physical examination was positive for decreased cervical range of motion, tenderness in the bilateral paraspinal and trapezial regions and twitching in the right biceps and triceps. The treatment plan included a request for bilateral cervical facet rhizotomy due to the previous successful response, refilled Norco, Advil as needed, and ultimately surgery will be required at which time an updated MRI will be requested. Disputed treatments include bilateral facet rhizotomy injection at C3-7 Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Rhizotomy Injection at C3-7 Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS does not address cervical facet radiofrequency ablation. The ODG, however, does state that it is currently under study, and the evidence is conflicting. Studies have not demonstrated improved function. It is not recommended for treating cervicogenic headaches. There is also a risk to the patient for potentially developing a centralized pain syndrome as a complication of this procedure. However, it may be considered for certain individuals. The criteria for consideration of this procedure includes: 1. Treatment requires a diagnosis of facet joint pain, 2. It requires adequate diagnostic blocks and documented improvement in pain and function from the block, 3. No more than two joint levels are to be performed at one time, 4. If different levels require blockade, then these should be performed at intervals no sooner than 1-2 weeks, 5. Documented evidence of a formal plan of rehabilitation, 6. Repeat neurotomies should not be done within 6 months of any prior neurotomy, and documentation of effect of the first neurotomy is required for at least 12 weeks, and no more than 3 procedures are recommended in a given year. In the case of this worker, there was a report of previous cervical facet rhizotomy procedures, the most recent being in 8/2014, which reportedly provided only mild improvement, but no more information is provided in the notes regarding this such as more specific measurable pain level changes before and after this procedure. She was then recommended repeat cervical facet rhizotomy of the C3-C7 levels together. However, without a more significant clear and measurable report of benefit from prior rhizotomy of the cervical area, the request will be considered medically unnecessary. Also, this request was for more than 2 levels, which is not recommended.