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| Case Number: | CM14-0116994 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 03/13/2008 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 07/19/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old male with a 3/31/08 date of injury, while pushing and pulling a trailer door into a locking position. The patient underwent multilevel bilateral foraminotomies at C4-C7 on 2/1/10. The patient underwent a C6-C7 and C7-T1 facet joint radiofrequency nerve ablation on 6/6/13. The patient was seen on 6/17/14 with complaints of bilateral lower neck pain radiating into the bilateral shoulder and bilateral periscapular region. Exam findings revealed tenderness to palpation of the cervical paraspinal muscles, restricted ranges of motion in all directions in the cervical spine and positive cervical discogenic provocative maneuvers. The muscle stretch reflexes were 1+ and symmetric bilaterally in the upper extremities and the muscle strength was 5/5 in the bilateral upper extremities. The note stated that previous rhizotomy helped by 50% for 12 months. The diagnosis is cervical facet joint syndrome, cervical facet joint arthralgia, cervicgia, cervical post-laminectomy syndrome and status post left shoulder surgery. Treatment to date: bilateral C6-C7 and C7-T1 rhizotomy on 6/6/13, work restrictions and medications. An adverse determination was received on 7/19/14 for lack of documented decrease in the patient's pain level and functional improvement after previous rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral C 6-7 and C7 - T1 facet joint radiofrequency nerve ablation with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page: 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Low Back, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Facet Joint Radiofrequency Neurotomy

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. The progress notes indicated that the patient underwent bilateral C6-C7 and C7-T1 rhizotomy on 6/6/13 and that it helped by 50% for 12 months. However, there is a lack of documentation indicating improvement in the patient's function and improvement in the patient's pain on the VAS pain scale. Therefore, the request for Repeat bilateral C 6-7 and C7 - T1 facet joint radiofrequency nerve ablation with moderate sedation was not medically necessary.