

Case Number:	CM14-0118732		
Date Assigned:	08/06/2014	Date of Injury:	11/08/2004
Decision Date:	10/14/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 44-year-old female who reported an injury on 11/08/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of post laminectomy syndrome of the cervical spine and cervical spondylosis without myelopathy. Past medical treatment consisted of acupuncture, physical therapy, facet nerve blocks, and medication therapy. Medications include Ambien, Flexeril, Morphine, and Norco. On 03/18/2011, the injured worker underwent anterior cervical discectomy and fusion at C5-7 and C3-4. On 01/14/2014, the injured worker underwent cervical facet diagnostic injection. On 06/21/2014, the injured worker complained of cervical spine pain. The injured worker reported that the cervical facet injection did not help with her pain. Physical examination findings showed painful range of motion starting at flexion at 20 degrees, extension at 10 degrees, and lateral bending 20 degrees bilaterally. Spurling's maneuver elicited no radicular symptoms. There was palpable tenderness. The treatment plan is for the injured worker to undergo an MRI of the cervical spine and receive radiofrequency ablation injections at the C4-5 level. A rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Magnetic Resonance Imaging (MRI) of the Cervical Spine is not medically necessary. ACOEM Guidelines indicate that criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical exam, electro diagnostic studies, laboratory testing, or bone scans. The submitted documentation did not provide evidence to warrant that there could be specific nerve damage. Furthermore, there were no red flag signs submitted for review. Additionally, the provider did not submit a rationale for review indicating why he felt a repeat MRI was medically necessary. Given the above, a repeat MRI is not warranted. As such, the request is not medically necessary.

Radiofrequency Ablation Injections from C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for Radiofrequency Ablation Injections from C4-C5 is not medically necessary. ACOEM states that there is "good quality medical literature demonstrating that radiofrequency neurotomy at facet joint nerves in the cervical spine provides good temporary relief of pain." Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines further state that "facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch block." A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than or equal to 50% relief that is sustained for at least 6 months. 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. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockage, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The requesting physician did not include adequate documentation of significant physical exam findings congruent with facetogenic pain. The guidelines do not recommend radiofrequency ablation for patients with findings of radiculopathy. It was noted in the submitted report that the injured worker had undergone prior diagnostic blocks, but there was no indication of outcome. Furthermore, it was noted in the submitted documentation dated 06/21/2014 that the injured worker felt no pain relief with

previous injections. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for radiofrequency ablation is not medically necessary.