

Case Number:	CM14-0125404		
Date Assigned:	08/13/2014	Date of Injury:	01/21/2013
Decision Date:	10/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine & Rehabilitation & Pain Medicine, and is licensed to practice in California. 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 46-year-old female who reported an injury on 01/21/2013 due to a motor vehicle accident. Diagnoses were chronic pain due to trauma, cervical spondylosis without myelopathy, neck sprain/strain, thoracic sprain/strain, vertigo of central origin, and lumbar sprain/strain. Past treatments were medications, physical therapy, chiropractic sessions, massage therapy, and a diagnostic medical branch block on 06/27/2014. Physical examination on 07/17/2014 revealed complaints of bilateral neck pain with stiffness that was reported to be getting worse. The injured worker is status post medial branch block on 06/27/2014. It was reported that the injured worker had a 70% decrease in pain that lasted up to 3 hours post procedure, then she stated she had increased ability to flex and extend her neck. Pain was reported to be 7/10. It was reported the pain was the same. The sleep pattern was the same. The functionality was the same. The medication usage was decreased. Examination of the cervical spine revealed diminished range of motion, slow and painful, restricted with flexion, restricted with extension, and restricted with right lateral and left lateral rotation. Spurling's sign was negative. The injured worker reported very good pain relief with the medial branch block for 8 hours. The rationale was "on physical exam, clinical findings showed bilateral occipital tenderness with right being greater than left, bilateral trapezius tenderness, greatly restricted range of motion of neck, especially poor extension. I believe this client is an excellent candidate for cervical radiofrequency lesioning." The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Lesioning at Right C3, C4, and C5 for Cervical Spine Injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer 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

Decision rationale: The decision for Radiofrequency lesioning at right C3, C4, and C5 for cervical spine injury is not medically necessary. The Official Disability Guidelines state facet joint radiofrequency neurotomy is under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Criteria for the use of cervical facet radiofrequency neurotomy are: treatment requires a diagnosis of facet joint pain; approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS, and documented improvement in function. No more than two joint levels are to be performed at one time. If different regions require neural blockade, they should be performed at intervals of not sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. While repeat neurotomies may be required, they should be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than 50% pain relief. The current literature does not support the procedure is successful without sustained pain relief (generally of at least 6 months' duration.) No more than three procedures should be performed in a year's period. The injured worker reported she only had 8 hours of pain relief from the medial branch block. Functional improvement was reported as increased ability to flex and extend neck. VAS was not improved. There were no reports of home exercise program or stretching exercises. There were no neurological deficits reported for specific derma tonal/myotomal distribution. Therefore, this request is not medically necessary.