

Case Number:	CM14-0126948		
Date Assigned:	08/13/2014	Date of Injury:	02/12/1996
Decision Date:	10/31/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 53-year-old female who reported a date of injury of 02/12/1996. The mechanism of injury was not indicated. The injured worker had diagnoses of status post anterior interbody fusion, anterior discectomy and decompression, cervical spondylosis, lumbar spondylosis, psychiatric comorbidity, and chronic pain syndrome. Prior treatments included physical therapy, biofeedback, and cervical epidural injections. The injured worker had x-rays and MRIs of the cervical spine. Surgeries included medial branch block at C5, C6, and C7 of the right and left on 09/21/2011; a radiofrequency medial branch neurotomy at C5, C6, and C7 on the right and left on 01/11/2012. The injured worker had complaints of neck and back pain with arm and leg pain. The clinical note dated 08/04/2014 noted the injured worker's leg was painful to flexion and side bending, less so to extension; myofascial trigger points on the right side are the source of her cervicogenic headaches; muscle spasms in the neck, the hyperalgesia of the arms had stopped, and the pain in the neck and low back were improved. Medications included Lidoderm patches, Voltaren, Topamax, Relpax, Ativan, and debalm EXCEL lotion. The treatment plan included Topamax; trigger point injections, right side of the neck; right sided C5-7 neurotomies; continuation of debalm EXCEL lotion, L glutamine supplement, and to return in 4 weeks. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT C4-C5; C5-C6; and C6-C7 Neurotomies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 174 and 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter; Facet Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: The request for RT C4-5; C5-6; C6-7 neurotomies is not medically necessary. The California MTUS/ACOEM Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The Official Disability Guidelines indicate approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. The procedure is not recommended to treatment cervicogenic headaches. This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Complications include potential side effects including painful cutaneous dysesthesias, increased pain due to neuritis or neurogenic inflammation, and cutaneous hyperesthesia. The clinician must be aware of the risk of developing deafferentation centralized pain syndrome as a complication and other neuroablative procedures. Factors associated with failed treatment include increased pain with hyperextension and axial rotation, longer duration of pain and disability, significant opioid dependence, and history of back surgery. Criteria for the use of cervical facet radiofrequency neurotomies include: treatment requires a diagnosis of facet joint pain; approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function; no more than 2 joint levels are to be performed at 1 time; if different regions require neural blockade, these 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 not 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% relief. 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. There is a lack of documentation indicating the injured worker was diagnosed with facet joint pain. The injured worker had prior facet joint neurotomies; however, there is a lack of documentation indicating improvement in VAS scores and documented improvement in the injured worker's function. Furthermore, there is a lack of documentation indicating the injured worker has a formal plan of rehabilitation in addition to the facet joint therapy. Additionally, the injured worker has complaints of headaches, for which the physician recommended the neurotomies; however, the guidelines do not support the use of facet joint neurotomies for cervicogenic headaches. As such, the request is not medically necessary.