

Case Number:	CM14-0133401		
Date Assigned:	08/22/2014	Date of Injury:	11/30/1977
Decision Date:	09/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 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:

This is a 61 year old patient that sustained an injury on 11/30/1977, while employed by [REDACTED]. Request(s) under consideration include Radio frequency neurotomy of medial branch nerves innervating left C2-3 and C3-4 qty 1. Diagnoses include lumbar disc displacement. Report of 7/8/14 from the provider noted the patient with ongoing chronic cervical and low back pain along with left lower extremity weakness. Exam showed paracervical tenderness, external occipital protuberance tenderness bilaterally; left C2 transverse process tenderness; pain with extreme range of motion; negative Spurling's, 5/5 motor strength in upper and lower extremities with diminished DTRs in ankles; and normal gait. Diagnoses included back and trunk disorder; headache; brachial neuritis; lumbar displacement of intervertebral disc without myelopathy; and neck pain. It was noted the patient had previous RFA for relief of headaches with excellent result. Peer review of 7/8/13 noted certification for radiofrequency neurotomy of left C2-3, left occipital and C3 nerve with notation the patient underwent previous neurotomy two years prior at left C2-3 with improved headaches and cervical pain. The request(s) for Radio frequency neurotomy of medial branch nerves innervating left C2-3 and C3-4 qty 1 was not medically justified on 8/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio frequency neurotomy of medial branch nerves innervating left C2-3 and C3-4 qty 1:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Guidelines clearly do not support medial branch blocks for acute, subacute, or chronic cervical pain and chronic headaches or for any radicular pain syndrome. There is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular medial branch blocks have very little efficacy and needs additional studies. Submitted reports also have no indication for failed conservative trial. Criteria include documented failed conservative treatment trial without evidence of radicular findings and MRI findings of significant facet arthropathy not provided here. Guidelines state Greater Occipital Nerve Block is considered under study for use in treatment of primary headaches as studies show conflicting results, and when positive, have found response limited to a short-term duration. Additionally, Facet joint radiofrequency neurotomy is not recommended for cervicogenic headaches as recent randomized controlled trial although noted some improvement at 3 months; however, found no difference in outcome at 24 months from the sham control group. In this case, submitted reports have indicated the patient has received two previous RFA procedures for chronic neck pain and headaches without demonstrated functional improvement identified on objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function from the previous multiple RFA rendered. Criteria per Guidelines have not been met. The Radio frequency neurotomy of medial branch nerves innervating left C2-3 and C3-4 qty 1 is not medically necessary and appropriate.