MAXIMUS Federal Services

Case Number:	CM14-0142358		
Date Assigned:	09/10/2014	Date of Injury:	03/26/1993
Decision Date:	10/10/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/03/2014

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 and is licensed to practice in Maryland. 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 patient is a 51 year old female with a work injury dated 3/23/93. The diagnoses include cervical spondylosis without myelopathy and pain in the joint involving shoulder region. Under consideration is a request for bilateral cervical radiofrequency ablations C4-5. There is a progress report dated 8/25/14 that states that the patient presents complaining of pain located in the head, neck, shoulders, and arms. Patient describes current pain as intermittent, constant, sharp, shooting, electrical, hot, aching, throbbing, numbness, tingling and knife-like. Patient states current pain level is 8/10 and average pain level is 10/10, based on a scale of 0-10. The patient states current function level is poor on exam the bilateral upper extremities motor strength is 4/5 secondary to weakness and pain. The cervical spine had a decreased range of motion. The exam is positive for cervical spine tenderness. The exam is positive for cervical spine paraspinous spasms and for cervical spine bilateral facet loading signs. The patient reports decreased radicular pain in the upper extremities decreased muscle cramps and more than 50% pain relief with cervical medial branch blocks but states pain is beginning to return. The exam is positive for diffuse muscle tenderness to the cervical paraspinal muscles. There is a request for authorization for bilateral cervical radio frequency ablations 4, 5. An MRI of the cervical spine on 12/09/2013 revealed anterior interbody fusions have been performed at each level in the cervical spine. The alignment was normal. There was no significant canal or foraminal stenosis identified. The patient underwent a right cervical facet medial branch block at C4-5 on 08/02/2014 and 07/26/2014. The patient's visit note dated 08/06/2014 stated the patient was seen for a follow up appointment regarding neck pain and headaches. The patient had ongoing dysphasia, neck spasms, and discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Radiofrequency Ablations C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, Second Edition 2004

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck-Facet joint radiofrequency neurotomy

Decision rationale: The MTUS ACOEM guidelines state that there is limited evidence that radio-frequency Neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG states that cervical ablation is under study. The ODG states that the criteria for use of a cervical facet radiofrequency Neurotomy include that the treatment requires a diagnosis of facet joint pain. There should be evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. The documentation does not indicate a formal therapy plan. There is documentation that suggests that the patient's symptoms are not purely facet related as the 8/25/14 progress note states that the patient reports decreased radicular pain in the upper extremities. It is not clear that the prior medial branch blocks have had a documented improvement in function. The request for bilateral cervical radiofrequency ablations C4-5 is not medically necessary.