

Case Number:	CM14-0168569		
Date Assigned:	11/12/2014	Date of Injury:	05/19/2009
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old female with a 5/19/09 date of injury. At the time (9/18/14) of request for authorization for Bilateral cervical radiofrequency ablation, QTY: 2; Anesthesia with x-ray/fluoroscopic guidance levels at C5-C6 and C6-C7; and Physical therapy, to the cervical spine 2 times a week for 4 weeks, there is documentation of subjective (low back and neck pain with numbness/weakness over left foot as well as left arm) and objective (tenderness over bilateral paracervical tenderness with decreased range of motion) findings, current diagnoses (cervical radiculopathy, cervical facet arthropathy, and neck sprain/strain), and treatment to date (cervical medial branch block, previous physical therapy treatment, and medications). Medical report identifies 80% improvement of bilateral lower cervicalgia following medial branch block. In addition, medical reports identify that the request for anesthesia with X-ray pertains to cervical radiofrequency ablation. The number of previous physical therapy treatments cannot be determined. Regarding Bilateral cervical radiofrequency ablation, QTY: 2, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Regarding Physical therapy, to the cervical spine 2 times a week for 4 weeks, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical radiofrequency ablation, QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (<http://www.odg-twc.com/odgtwc/neck.htm>), Facet Joint Diagnostic Blocks (injections)

MAXIMUS 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) Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patient who had a positive response to facet injections. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical facet arthropathy, and neck sprain/strain. In addition, given documentation of 80% improvement of bilateral lower cervicalgia following medial branch block, there is documentation of at least one set of diagnostic medial branch blocks with a response of 70%. Furthermore, given documentation of an associated request for Anesthesia with x-ray/fluoroscopic guidance levels at C5-C6 and C6-C7, and that the request for anesthesia with X-ray pertains to cervical radiofrequency ablation, there is documentation of no more than two joint levels to be performed at one time. However, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Bilateral cervical radiofrequency ablation, QTY: 2 is not medically necessary.

Anesthesia with x-ray/fluoroscopic guidance levels at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (<http://www.odg-twc.com/odgtwc/neck.htm>), Facet Joint Radiofrequency Neurotomy and Facet Joint Therapeutic Steroid Injection

MAXIMUS 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) Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patient who had a positive response to facet injections. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of

additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical facet arthropathy, and neck sprain/strain. In addition, there is documentation that the request for anesthesia with X-ray pertains to cervical radiofrequency ablation. However, there is no documentation that the pending cervical radiofrequency ablation has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Bilateral cervical radiofrequency ablation, QTY: 2 is not medically necessary.

Physical therapy, to the cervical spine 2 times a week for 4 weeks,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical radiculitis to exceed 12 visits over 10 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical facet arthropathy, and neck sprain/strain. In addition, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of previous treatments to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for Physical therapy, to the cervical spine 2 times a week for 4 weeks is not medically necessary.