

Case Number:	CM14-0217857		
Date Assigned:	01/07/2015	Date of Injury:	04/05/2013
Decision Date:	03/13/2015	UR Denial Date:	11/30/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old male who reported an injury on 04/05/2003. The mechanism of injury involved a motor vehicle accident. The current diagnoses include cervical spondylosis without myelopathy and thoracic sprain. The injured worker presented on 01/08/2015 with complaints of chronic neck pain. The injured worker was issued authorization for 6 visits of massage therapy in 09/2014. The injured worker has utilized multiple anti-inflammatory medications in the past. The current medication regimen includes gabapentin 600 mg and Norco 10/325 mg. A Request for Authorization was submitted for 6 massage therapy sessions and prescriptions to include diclofenac sodium 1.5% topical solution and Voltaren gel 1%. There was no physical examination of the cervical spine provided. A Request for Authorization form was then submitted on 01/08/2015 for bilateral cervical facet radiofrequency ablation under fluoroscopic guidance and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-5, C5-6, C6-7 permanent cervical facet injection (radiofrequency ablation), each additional level, arthrogram, fluoroscopic guidance, IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

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

Decision rationale: The California MTUS/ACOEM Practice 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 recommend facet joint radiofrequency neurotomy when there is evidence of facet mediated pain. Treatment requires a diagnosis of facet joint pain. Approval depends on objective evidence such as evidence of adequate diagnostic blocks. There was no mention of objective functional improvement following diagnostic medial branch blocks prior to the request for a radiofrequency ablation. There should also be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Given the above, the request is not medically appropriate in this case.