

Case Number:	CM15-0006967		
Date Assigned:	01/26/2015	Date of Injury:	05/01/2013
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial injury on May 1, 2013. He has reported neck and back pain and has been diagnosed with degenerative joint disease/degenerative disc disease of the cervical spine, degenerative joint disease/degenerative disc disease of the lumbar spine, and sensation disturbance of the cervical spine. Treatment to date has included medications, physical therapy, and injections. Currently the injured worker complains of tenderness of the posterior or anterior neck muscles and tenderness over the lumbar paravertebral area bilaterally. The treatment plan included medication and medical imaging, and surgery had been recommended. On December 18, 2014 Utilization Review non certified cervical radiofrequency at bilateral C5-6, C6-7 and follow up visit after the procedure citing the MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Radiofrequency at Bilateral C5-6, C6-7: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 300. Decision based on Non-MTUS Citation Neck and Upper Back Chapter

Decision rationale: The MTUS Guidelines do not specifically address Radiofrequency (RF) Neurotomy so the Official Disability Guidelines (ODG) and the ACOEM were consulted. The ACOEM Guidelines point out the paucity of research available to support the use of cervical RF after positive response to facet blocks, but ultimately recommends cervical RF neurotomy as an option for short term relief of cervical pain. No specifics are provided in the ACOEM. While the ODG does not specifically recommend for or against cervical RF neurotomy due to ongoing research, per the ODG, specific criteria must be met for approval of cervical RF neurotomy including: 1) Diagnosis of facet joint pain. 2) Evidence of adequate attempt at diagnostic facet blocks with Improvement in visual analog scale scores and Improvement in function. 3) No more than 2 levels treated at one time. 4) If treating 2 regions, should be performed at least 1 week apart, 2 weeks apart preferred. 5) Facet joint therapy should be accompanied by a comprehensive rehabilitation plan. 6) Repeat neurotomy, if required, should not be performed more often than every 6 months. Repeat neurotomy only indicated if initial neurotomy achieves 12 weeks of 50% or more relief of symptoms. For the patient of concern, there is documentation on 2 separate dated that the facet block injections resulted in no relief of or change in patient's pain. However, the most recent provider note indicates that patient did in fact achieve 50% relief of pain for 12 weeks. This contradiction in the record warrants further clarification before any further injections can be considered. Patient also failed to have improvement in pain or function with multiple cervical epidural steroid injections. There is also no documentation that patient has a plan for other rehabilitative efforts in conjunction with the planned neurotomy. Based on the above information in the record, the patient has not met the criteria to proceed with cervical RF neurotomy. The request for cervical RF neurotomy is not medically indicated.

Follow-Up Visit After The Procedure: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The MTUS Chronic Pain Guidelines do not address follow up visits specifically, so the ACOEM was consulted. Per the ACOEM, follow up visits are recommended to work with the patient on physical management of condition and/or medication management. Also, follow up visits are recommended to evaluate patient's healing and/or recovery from injury or procedure. For the patient of concern, the follow up visit is requested for post-procedure evaluation. As the above procedure is not medically indicated, the follow up visit would not be necessary.