MAXIMUS Federal Services

Case Number:	CM15-0120575		
Date Assigned:	07/01/2015	Date of Injury:	10/03/2010
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 53-year-old male who sustained an industrial injury on 10/3/10. The 12/8/10 cervical spine MRI impression documented a broad-based disc protrusion asymmetric to the left at C3/4 with neuroforaminal narrowing that could impinge upon the left C4 nerve root. At C4/5, there was a 2-3 mm broad-based central disc protrusion. At C5/6, there was posterior right endplate and uncovertebral osteophyte formation resulting in moderate foraminal narrowing which could impinge upon the exiting right C6 nerve root. At C6/7, there was a 3 mm broad- based disc protrusion with circumferential spurring, endplate circumferential spurring, and uncovertebral osteophytes resulting in right neuroforaminal narrowing and impingement upon the right C7 nerve root. The 4/20/15 treating physician report cited grade 7-8/10 to 10/10 neck pain with numbness on the right side of the neck and shoulder and into the last two fingers on the right hand. He reported excruciating pain. Moving his neck in the wrong way caused an electrical sensation all the way down the arms. He requested a repeat left sided radiofrequency ablation as this had improved his pain last time. Prior left C3-C6/7 radiofrequency ablation was performed on 6/5/14. Physical exam documented moderate tenderness on the left at C4, C5, C6, and C7, and moderate tenderness on the right at C5, C6, and C7. There was severe tenderness noted over the bilateral upper trapezii, and left shoulder, acromioclavicular joint, arm and elbow, and moderate tenderness over the right shoulder, forearm, wrist and fingers. Cervical range of motion was reduction with moderate pain, left shoulder range of motion was normal, and right shoulder range of motion was reduced. Right upper extremity and grip strength was recommended and muscle tone was decreased. The left upper extremity exam motor and muscle

exam was normal. There was decreased right C8 sensation, and decreased right biceps and triceps reflexes. The diagnosis included cervical spondylosis without myelopathy, cervical intervertebral disc degeneration, cervical disc displacement/herniation, and cervical radiculitis and root compression. Authorization was requested for left cervical C3, C4, C5 and C6 radiofrequency ablation. The 5/22/15 utilization review non-certified the request for left C3, C4, C5 and C6 radiofrequency ablation based on limited evidence of functional improvement from past radiofrequency ablation treatment, request exceeds 2 treatment levels recommended by guidelines, and the presence of radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical C3, C4, C5 and C6, Radiofrequency Ablation: 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 - Radiofrequency neurotomoy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Facet joint diagnostic blocks; Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines do not provide recommendations for cervical radiofrequency ablation. The Official Disability Guidelines indicate that cervical facet joint radiofrequency ablation is under study with conflicting evidence as to the efficacy of this procedure. Criteria for the use of cervical facet radiofrequency ablation include a diagnosis of facet joint pain using diagnostic blocks, documented improvement in pain scores and function with diagnostic blocks, no more than 2 joint levels at one time, and evidence of a formal plan of rehabilitation in addition to facet joint therapy. For repeat injections, pain relief of 50% or more for at least 12 weeks and sustained pain relief of a least 6 months duration should be documented. Guideline criteria have not been met. There is no documentation in the submitted records that the left C3-C6 radiofrequency ablation performed on 6/5/14 provided pain relief of 50% or more for at least 12 weeks and sustained pain relief for 6 months. Additionally, there are clinical exam findings consistent with imaging evidence of nerve root compression, which would support a diagnosis of radiculopathy, which would contraindicate facet blocks. The current request exceeds guideline recommendations not to exceed 2 levels. There is no current evidence of a formal plan of rehabilitation in addition to facet joint therapy. Therefore, this request is not medically necessary.