

Case Number:	CM15-0127493		
Date Assigned:	07/14/2015	Date of Injury:	03/01/2010
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 59 year old male who was injured on March 22, 2010. The injured worker previously received the following treatments Norco, Naproxen, Vicodin, Percocet, Levothyroxine, Simvastatin, Cyclobenzaprine, Docusate and physical therapy. The injured worker was diagnosed with positive diagnostic left C2-C3 and left C3-C4 facet joint medial branch block, cervical facet joint arthropathy, upper bilateral cervical facet joint pain at C2-C3, C3-C4 and C4-C5, lower bilateral cervical facet joint pain at C5-C6, C6-C7 and C7-T1, cervicogenic headaches, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical strain/sprain, cervical spondylosis, status post right shoulder surgery and right shoulder impingement syndrome. According to progress note of June 10, 2015, the injured worker's chief complaint was bilateral neck pain, left worse than the right with the upper equal to the lower with associated headaches. The pain was aggravated by prolonged sitting, prolonged standing, lifting, twisting back, driving, and any activity, lying down, coughing, sneezing and bearing down. The physical exam noted tenderness of palpation of the cervical spine paraspinal muscles overlying the bilateral C2-T1 facet joints, right worse than the left. The cervical range of motion was restricted by pain in all directions. The right shoulder range of motion was restricted by pain in all directions. The muscle strength was 5 out of 5 in the bilateral upper extremities. The treatment plan included was a C2-C3, C3-C4 facet joint radiofrequency nerve ablation under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2-C3, C3-C4 facet joint radiofrequency nerve ablation under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Online Edition 2015, Chapter: Neck and Upper Back, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, left C2 -C3 and C3-C4 facet joint radiofrequency nerve ablation under fluoroscopy is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional evidence-based conservative care in addition to fast joint therapy. In this case, the injured worker's working diagnoses are positive diagnostic left C2 -C3 and C3 -C4 facets joint medial branch blocks; cervical facet joint arthropathy; upper bilateral facet cervical joint pain C2 -C3, C3- C4 and C4 -C5; lower bilateral cervical facet joint pain C-5- C6, C6 -C7 and C7- T-1; cervicogenic headaches; cervical disc protrusion; cervical stenosis; cervical degenerative disc disease; cervical sprain strain; cervical spine spondylosis; status post right shoulder surgery; and right shoulder impingement. The date of injury is March 1, 2010. Request for authorization is dated June 16, 2015. According to the June 10, 2015, progress note the injured worker subjectively complains of bilateral neck pain and headache. The injured worker is status post right shoulder arthroscopy. Objectively, there is tenderness to palpation over the cervical paraspinal muscle groups from C2 through T1. There is decreased cervical range of motion. The injured worker had a prior C2- C3 and C3- C4 diagnostic medial branch block. However, the documentation does not provide the percentage pain relief and the complete/total duration of pain relief. The documentation indicates there was pain relief after 30 minutes for greater than two hours. There was no additional physical therapy requested. Consequently, absent clinical documentation with percentage pain relief and duration of pain relief (after diagnostic medial branch blocks), left C2- C3 and C3 - C4 facet joint radiofrequency nerve ablation under fluoroscopy is not medically necessary.