

Case Number:	CM15-0178543		
Date Assigned:	09/18/2015	Date of Injury:	03/15/2011
Decision Date:	10/29/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 51 year old male, who sustained an industrial injury on 3-15-11. Medical record indicated the injured worker is undergoing treatment for cervical spondylosis and cervical facet syndrome. Treatment to date has included knee injections, cervical spine injections, physical therapy, home exercise program, muscle relaxants, NSAIDs (non-steroidal anti-inflammatory drugs) and activity modifications. (MRI) magnetic resonance imaging of cervical spine performed on 11-16-13 revealed straightening of cervical lordosis at C4-5, C3-4 and C5-6 minimal posterior disc-osteophyte complex which partially effaces the ventral CSF space and contributes to borderline central stenosis; and C6-7 minimal broad based posterior disc osteophyte complex asymmetric to left without central stenosis. On 7-23-15, the injured worker complains of neck pain, stiffness, spasm and difficulty of head turning to lateral side or looking up and down; described as throbbing, aching and stabbing and rated 7-8 out of 10. The neck pain is non-radiating and he notes 60% relief for 2 days following bilateral cervical medial branch block. On 8-18-15, he reports improved left knee pain following left knee injection and complains of throbbing, stabbing and aching neck pain and is awaiting approval for radiofrequency bilateral cervical neurotomy; he rates the pain 6-7 out of 10 and pain medications help him to function and do activities of daily living. Work status is retired. Physical exam performed on 7-23-15 and 8-18-15 revealed tenderness to palpation of cervical spine, decreased range of motion and intact sensation. The treatment plan dated 7-23-15 included a request for authorization for radiofrequency bilateral cervical neurotomy C4, 5 and 6. On 8-10-15, utilization review non-certified bilateral cervical radiofrequency cervical facet neurotomy C5-6 and C5-6 noting documentation does not identify greater than 70% pain relief or include a procedure note documenting the claimant underwent a medial branch block with no more than 0.25cc-0.5cc at each level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Radiofrequency cervical facet neurotomy C4-C5, C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Blocks.

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 radiofrequency rhizotomy.

Decision rationale: Per MTUS ACOEM, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain." Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks but beyond that MTUS is silent on specific requirements for RF ablation in the cervical spine. Per ODG with regard to facet joint radiofrequency neurotomy: "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." The ODG indicates that criteria for cervical facet joint radiofrequency neurotomy are as follows: 1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks. 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. 3. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks). 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at = 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Per the documentation submitted for review, it is noted that the injured worker underwent a facet injection in the cervical spine 2/9/15 with 60% pain relief lasting two days. However, per the ODG guidelines, a response of 70% or greater pain relief is necessary for a diagnostic block to support the diagnosis of facet joint pain. As the criteria is not met, the request is not medically necessary.