

Case Number:	CM15-0063112		
Date Assigned:	04/08/2015	Date of Injury:	09/28/1999
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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, 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 62-year-old female, who sustained an industrial injury on September 28, 1999. She reported tripping over a student's foot. The injured worker was diagnosed as having cervical pain/cervicalgia, lumbago, facet arthropathy cervical thoracic or lumbar and long term use of medication. Treatment to date has included surgery, medial branch blocks, physical therapy, water therapy, injections, chiropractic treatment, elbow brace and medications. On March 2, 2015, the injured worker complained of neck and back pain rated as a 6 on a 1-10 pain scale with medications. Her medications were noted to help and she was reported to have good results in the past with medial branch blocks. Physical examination revealed tenderness to the cervical spine, lumbar spine and facet joint with decreased flexion. The treatment plan included a cervical rhizotomy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation 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 progress report dated 7/10/14, it was noted that the injured worker had recent bilateral cervical medial branch blocks and this did reduce her pain by 50% or greater. Per operative report dated 7/3/14, right medial branch blocks C2-C3, C3-C4, C4-C5, C5-C6 resulted in a reduction of pre-op pain score 7 to post-op pain score 2, suggestive of facet syndrome. Operative note dated 6/19/14 of left medial branch blocks C2-C3, C3-C4, C4-C5, C5-C6 resulted in a pre-op pain score 5 and post-op pain score 6, ruling out facet joints as a significant contributor to her cervicgia. Per progress note dated 7/10/14, it was noted in the treatment plan that the provider recommended bilateral cervical rhizotomy. However, as the injured worker does not have a diagnosis of left sided facet joint pain, and the request does not specify the proposed level, medical necessity cannot be affirmed. Furthermore, diagnostic blocks should only be performed on 3 levels, whereas in this case they were done on 4. Therefore this request is not medically necessary.

Additional levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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. As the requested cervical rhizotomy is not medically necessary, the request for additional levels cannot be affirmed. Therefore this request is not medically necessary.