

Case Number:	CM15-0064225		
Date Assigned:	04/17/2015	Date of Injury:	06/28/2006
Decision Date:	05/19/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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:

The injured worker is a 67-year-old male who sustained an industrial injury on 6/28/06. The mechanism of injury was not documented. This claim has been accepted for multiple body parts including neck, low back, both hands, internal organs, both knees, both shoulders, both ears, and heart. Medical history is positive for diabetes. Records documented on-going treatment of multiple body parts and medication management. There was evidence that activity levels were improved with cervical and lumbar pain grades reduced following the cervical and lumbar radiofrequency neurotomies in March and May 2014. The 1/20/15 treating physician cited grade 6-7/10 neck pain and grade 8/10 back pain. He documented significant loss of cervical range of motion with 25% extension, 30% rotation, and 75% flexion with tenderness over the facets. In the lumbar spine, there was 20% extension and 50% flexion with tenderness over the lumbar facets. There were no focal neurologic deficits in the upper or lower extremities. The diagnosis included multilevel cervical degenerative disc disease and facet syndrome, cervical spondylosis, and multilevel lumbar facet arthrosis. He was ready to repeat his cervical and lumbar medial branch radiofrequency neurotomies. These had been repeated several times and he had good results each time that lasted beyond 6 months. The most recent cervical radiofrequency neurotomy bilaterally at C3, C4, and C5 on 3/4/14 and the lumbar radiofrequency neurotomy bilaterally at L3, L4, and L5 on 5/20/14 provided a reduction in pain levels from grade 7 or 8/10 to 3 or 4/10. Authorization was requested to repeat the radiofrequency neurotomies. The 3/5/15 utilization review non-certified the request for bilateral cervical neurotomy of C3-C5 and lumbar neurotomy of L3-L5 as there was no explanation for performing a 3-level procedure, there was

no documentation of pain medication reduction or physical activity levels following prior radiofrequency neurotomies, and there was no documentation of a post-treatment rehabilitation plan. The 3/25/15 cardiology report indicated that the injured worker was awaiting radiofrequency neurotomies for his cervical and lumbar spine. He had been less active over the past 2 months and his weight loss had plateaued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Neurotomy Bilateral L3-5: Overturned

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 Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is 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. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. Guideline criteria have been met. This injured worker reports increased low back pain and decreased activity levels. Clinical exam findings are consistent with facet arthropathy. Prior radiofrequency neurotomy to the same levels have provided at least 50% pain reduction for greater than 6 months that have resulted in increased activity levels. Therefore, this request is medically necessary.

Cervical Neurotomy Bilateral C3-5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 20th edition [2015 web] Cervical Spine.

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 neurotomy.

Decision rationale: The California MTUS guidelines are silent regarding cervical radiofrequency neurotomy. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Criteria state that neurotomy should not be repeated

unless duration of relief from the first procedure is 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. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. Guideline criteria have been met. This injured worker reports increased neck pain and decreased activity levels. Clinical exam findings are consistent with facet arthropathy. Prior radiofrequency neurotomy have provided at least 50% pain reduction for greater than 6 months that have resulted in increased activity levels. Therefore, this request is medically necessary.