

Case Number:	CM15-0066071		
Date Assigned:	04/13/2015	Date of Injury:	01/05/2011
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 1/5/2011. She reported a shoulder injury. The mechanism of injury was not provided for review. The injured worker was diagnosed as having several right shoulder surgeries and anterior and posterior cervical discectomy and fusion. There is no record of a recent diagnostic study. Treatment to date has included cervical medial branch blocks, exercise, surgery and medication management. In a progress note dated 3/20/2015, the injured worker complains of neck and upper back pain. The treating physician is requesting bilateral cervical 8 and thoracic 1-2 cooled radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C8, T1 and T2 cooled radiofrequency ablations for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint radiofrequency neurotomy; Facet joint injections, thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections Lumbar Spine/Low Back Chapter under Facet joint injections.

Decision rationale: Based on the 12/18/14 progress report provided by treating physician, the patient presents with pain in the lower aspect of neck rated 7-8/10. The request is for BILATERAL C8, T1 AND T2 COOLED RADIOFREQUENCY ABLATIONS FOR THE CERVICAL AND THORACIC SPINE. The patient is status post several right shoulder surgeries and anterior and posterior cervical discectomy and fusion, unspecified dates. Patient's diagnosis per Request for Authorization form dated 03/20/15 includes cervical spondylosis and cervical degenerative disc disease. Diagnosis on 03/20/15 included symptomatic thoracic spine degenerative disc disease, dysfunction, and myofascial pain. Physical examination on 02/11/15 revealed tender myofascial trigger points noted in the cervical paraspinal muscles. Negative Spurling's, and positive facet loading corresponding to the C8-T1 and T1-T2. Treatment to date has included cervical medial branch blocks, exercise, surgery and medication management. Patient medications include Carisoprodol, Tramadol, Percocet, Soma, Fentanyl, Lyrica, Morphine Sulfate, Oxycontin, and Gabapentin. Patient's work status is not available. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Regarding radiofrequency ablation, ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, and topic 'Radiofrequency Neurotomy', states that "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. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." ODG guidelines, Lumbar Spine/Low Back Chapter under Facet joint injections, Thoracic has the following: "Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. (Boswell, 2005)" Per 03/20/15 progress report, treater states "patient recently underwent a C8, T1, T2 bilateral medial branch diagnostic block. This was a second diagnostic block using 4% lidocaine with the initial block, used a 0.5% roivacaine and both occasions the patient has had more than 75-80% relief... Patient had 2 positive blocks with excellent functional relief as well as the patient being able to cut down on her pain medications. I will therefore schedule him for radiofrequency ablation." In this case, treater has documented medial branch block performed prior to this request for neurotomy showing response of 70%. Given documentation, the request for radiofrequency ablation at the C8 level would appear

reasonable and indicated by guidelines. However, ODG does not allow radiofrequency at more than two joint levels at one time. Furthermore, ODG guidelines do not support blocks or neurotomies in the thoracic region. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.