

Case Number:	CM15-0068181		
Date Assigned:	04/15/2015	Date of Injury:	04/10/2003
Decision Date:	05/15/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 55-year-old, male who sustained a work related injury on 4/10/03. The diagnoses have included cervical spondylosis, cervical facet arthropathy and neck pain. Treatments have included previous cervical facet injections with good response, a previous cervical radiofrequency ablation with good response and medications. The patient had received cervical facet injections and cervical radiofrequency ablation in May 2013. In the PR-2 dated 3/12/15, the injured worker complains of a flare-up of neck pain. He has pain with flexion and extension of neck range of motion. He has tenderness to posterior neck. However, a recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed examination of the cervical region was not specified in the records provided. The treatment plan is to request cervical facet injections and radiofrequency ablation. The medication list included Naproxen and Norco. Any diagnostic imaging report was not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral C2-C3, C3-C4, and C4-C5 facet injection and radiofrequency ablation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 181, table 8-8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Facet joint diagnostic blocks Facet joint therapeutic steroid injections Facet joint radiofrequency neurotomy.

Decision rationale: One bilateral C2-C3, C3-C4, and C4-C5 facet injection and radiofrequency ablation. CA MTUS does not address facet injection. Per the ODG Neck and upper back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended. Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy." In addition, regarding facet joint injections, ODG states, "While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway." There should be no evidence of radicular pain, spinal stenosis, or previous fusion. "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." Criteria for use of cervical facet radiofrequency neurotomy: 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." A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed examination of the cervical region was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any diagnostic imaging report was not specified in the records provided. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Detailed response of the PT visits was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient had received cervical facet injections and cervical radiofrequency ablation in May 2013. Any evidence of pain relief for at least 12 weeks at 50% relief following previous facet injection and radiofrequency ablation was not specified in the records provided. In addition as per cited guideline, no more than two joint levels are to be performed at one time and this is a request for bilateral C2-C3, C3-C4, and C4-C5 facet injection and radiofrequency ablation. The medical necessity of the request for One

bilateral C2-C3, C3-C4, and C4-C5 facet injection and radiofrequency ablation is not fully established in this patient. The request IS NOT medically necessary.