

Case Number:	CM13-0008352		
Date Assigned:	11/08/2013	Date of Injury:	08/11/1996
Decision Date:	01/21/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 45-year-old female with a remote injury date of 8/11/96. The records suggest a history of chronic neck pain and reports of a cervicogenic headache. The claimant has been treated chronically with medications including Toradol. The claimant had previous medial branch blocks and radiofrequency ablation that reportedly improved her headaches by greater than 70%. However, it is not clear how long the claimant had this magnitude of relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical radiofrequency ablation (RFA) C3-C4, right QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines 9th Edition, On-line Chapter on Neck and Upper Back (updated 5/14/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back-facet joint radiofrequency neurotomy

Decision rationale: Guidelines for repeat radiofrequency ablation require at least 50% relief over a minimum of twelve weeks following the procedure. In addition, no more than three procedures should be performed within a year. The guidelines referenced are the Official

Disability Guidelines. California MTUS Guidelines are less favorable toward radiofrequency neurotomy. The California guidelines indicate that there is only limited evidence that radiofrequency neurotomy may be effective. Since there is insufficient information to determine the duration of the claimant's prior improvement and since California Guidelines are not favorable for radiofrequency neurotomy, repeat radiofrequency neurotomy would not seem to be justified based on the information reviewed.

Cervical RFA C4-C5, right QTY: 1:00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines 9th Edition, On-line Chapter on Neck and Upper Back (updated 5/14/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back-facet joint radiofrequency neurotomy

Decision rationale: Guidelines for repeat radiofrequency ablation require at least 50% relief over a minimum of twelve weeks following the procedure. In addition, no more than three procedures should be performed within a year. The previous aforementioned guidelines referenced are the Official Disability Guidelines. California MTUS Guidelines are less favorable toward radiofrequency neurotomy. The California guidelines indicate that there is only limited evidence that radiofrequency neurotomy may be effective. Since there is insufficient information to determine the duration of the claimant's prior improvement and since California Guidelines are not favorable for radiofrequency neurotomy, repeat radiofrequency neurotomy would not seem to be justified based on the information reviewed.