

Case Number:	CM13-0012442		
Date Assigned:	09/18/2013	Date of Injury:	05/12/2003
Decision Date:	02/04/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/13/2013

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, has a subspecialty in Reconstructive Surgery and is licensed to practice in Texas. 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 patient is a 48-year-old female who reported a work-related injury on 05/12/2013. The mechanism of injury not specifically stated. The patient presents for treatment of the following diagnoses: opioid dependence, shoulder region dis NEC, cervical radiculitis and disc degeneration NOS. The clinical note dated 07/08/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports soreness and tenderness to the cervical spine and right shoulder. The patient reports 8/10 pain. The provider documents the patient has utilized chiropractic treatment, ESI, heat treatment, massage therapy, physical therapy, radiofrequency thermocoagulation, a TENS unit, trigger point injections and ice for her pain complaints. The provider documents the patient utilizes Ambien, Norco, Soma, Lexapro and lisinopril. Upon physical exam of the patient, range of motion of the cervical spine was 30 degrees of bilateral/lateral flexion, 35 degrees flexion, 10 degrees extension, 60 degrees of bilateral rotation. The provider documents the patient has spasms, pain with all range of motion. The patient reports right shoulder pain also. The provider documented the patient was recommended to undergo a cervical RFTC bilaterally at the C3, C4, C5

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency thermo coagulation rhizotomy bilateral C3, C4, C5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines for facet ablation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

Decision rationale: Clinical documentation submitted for review lacks evidence to support the current request. The provider documents the patient continues to present with cervical spine pain complaints status post a work-related injury sustained in 2003. The provider is recommending the patient undergo a multi-level RFTC. The provider documents the patient previously had undergone this procedure; however, documentation of date of procedure, efficacy of the procedure as evidenced by a decrease in rate of pain on a VAS scale, decrease in medication utilization and an increase in objective functionality was not evidenced. Furthermore, it is unclear when the patient last underwent medial branch blocks to assess outcome of RFTC. California MTUS/ACOEM states, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Official Disability Guidelines indicate while repeat neurotomies may be required they should not be required in 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 with greater than 50% relief. No more than 3 procedures should be performed in a year's time. Additionally, Official Disability Guidelines indicate no more than 2 joint levels are to be performed at 1 time. Given all the above, the request for radiofrequency thermocoagulation rhizotomy, bilateral at C3-5, is not medically necessary or appropriate.