

Case Number:	CM13-0013429		
Date Assigned:	12/18/2013	Date of Injury:	03/25/2010
Decision Date:	02/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/17/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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:

██████████ is a 33 year old woman who sustained a work related injury on March 2010. According to the note of August 1 2013, the patient developed chronic neck and back pain. His physical examination showed neck tenderness with limited range of motion. He was diagnosed with chronic pain syndrome, cervical spondylosis and headache. Previously he was treated with neck radiofrequency ablation with some relief, Cymbalta, Topamax and opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg 2x/month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 127.

Decision rationale: According to MTUS guidelines, Toradol is not indicated in case of minor or chronic painful condition. In addition the drug is not indicated for chronic headache. Therefore the prescription of Toradol is not medically necessary.

Repeat Radiofrequency Lesioning Left C2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Occupational Medicine Practice Guidelines, 3rd Edition, 2011, Cervical and Thoracic Spine Disorders page 225

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks >>. There is no clear objective documentation of pain and function from previous radiofrequency procedure. The duration and quantification of the pain relief should be objectively documented. Therefore, Repeat Radiofrequency Lesioning Left C2 is not medically necessary.

Repeat Radiofrequency Lesioning Left C3, C4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ACEOM Occupational Medicine Practice Guidelines, 3rd Edition, 2011, Cervical and Thoracic Spine Disorders page 225

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks >>. There is no clear objective documentation of pain and function from previous radiofrequency procedure. The duration and quantification of the pain relief should be objectively documented. Therefore, Repeat Radiofrequency Lesioning Left C3, C4 is not medically necessary.