

Case Number:	CM13-0014395		
Date Assigned:	11/01/2013	Date of Injury:	08/15/2001
Decision Date:	02/12/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/20/2013

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 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. 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 71-year-old gentleman who sustained an injury to his neck in a work related accident on 08/15/01. Clinical documentation included a recent assessment on 07/22/13 indicating complaints of neck pain and the claimant was diagnosed with facet mediated pain. It was also documented that the claimant had undergone prior radiofrequency ablation procedures on multiple occasions including January of 2011 and most recently July 2012 with greater than six months pain relief. The request at present was for a recent facet radiofrequency ablation between the C3 through C6 levels on the right. This would have been consistent with the prior levels for which procedure had been performed in the past. Recent clinical imaging was unavailable for review. Objective findings at last clinical presentation showed pain with rotation of the cervical spine to the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right permanent cervical facet injections at C3-C4, C5, and C6 (radiofrequency ablation) with fluoroscopic guidance and IV sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Facet joint radiofrequency neurotomy

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, facet radiofrequency neurotomy to the neck is indicated to be repeated if greater than six months benefit is noted from therapeutic procedure. Guideline criteria also indicate that the treatment requires a diagnosis of facet joint pain. When looking at diagnostic criteria for facet joint blocks, it is not recommended that any more than two cervical levels be performed at any given setting. This specific request in this case is for three cervical levels. The number of levels for which the procedure is to be performed would fail to necessitate its indication at this time.