

Case Number:	CM13-0021767		
Date Assigned:	12/11/2013	Date of Injury:	01/31/2006
Decision Date:	01/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 48-year-old with a date of injury of 01/31/2006. The UR determination being challenged is dated 08/19/2013 and recommends denial of left side cervical radiofrequency at C2-3, C3-4, C4-5 and C5-6. Patient is diagnosed with left cervical facet pain, fibromyalgia and left thoracic outlet syndrome. Patient is status post TPI (trigger point injection) over bilateral shoulders and cervical medial branch blocks at four levels at C2-6 on the left (08/01/2013). According to report dated 08/20/2013 patient has left sided neck pain with radiation to posterior shoulder and upper back. Left cervical facet pain has been confirmed by cervical medial branch blocks and patient reports a decrease in pain with VAS 8/10 to 2/10. Treater now requests cervical radiofrequency at four levels as indicated above.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left side cervical radiofrequency at C2/3, C3/4, C4/5, C5/6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Facet Joint Radiofrequency Neurotomy

Decision rationale: a more thorough discussion, the ODG is used. The ODG states radiofrequency ablation is under study and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Specific criteria is used including diagnosis of facet pain with MBB, 6 month interval from first procedure, adequate diagnostic blocks, no more than two levels to be performed at one time and evidence of formal conservative care in addition to the facet joint therapy is required. Treater is requesting a left side cervical radiofrequency at C2-3, C3-4, C4-5 AND C5-6. The ODG clearly states that no more than two joint levels are to be performed at one time. The request for left side cervical radiofrequency at C2/3, C3/4, C4/5, C5/6 is not medically necessary or appropriate.