

Case Number:	CM13-0025470		
Date Assigned:	12/11/2013	Date of Injury:	06/07/2000
Decision Date:	01/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Practice, 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 67-year-old female who reported an injury on 06/07/2000. The mechanism of injury was noted as of a nonindustrial condition after a violent seizure after which she underwent resection of a tumor, a glioma, but did not require radiation or chemotherapy initially. In 2003, the patient underwent radiation therapy due to a change in the adjacent left frontal lobe. She went on to have temporal lobe surgery and radiation therapy in 2005. According to the documentation dated 11/27/2013, the patient has been diagnosed with chronic pain syndrome, dysthymic disorder, other pain disorder related to psychological fact, COAT, depression, degenerative disc disease, cervical, radiculopathy, cervical, cervical failed back surgery syndrome, chronic pain due to trauma, benign neoplasm of the brain, myalgia and myositis, unspecified, spondylosis of cervical region without myelopathy, facet arthropathy, spinal stenosis in cervical region, neck pain, arthropathy, and neoplasm of uncertain behavior in the brain. The patient has undergone several surgical procedures to include a hysterectomy in 1991, brain tumor removal in 1999, fusion of the C5-6 and C6-7 in 2005, and a fusion of the C4-5 in 2009. The patient describes her pain as a 5/10 with the use of pain medications and 7/10 when she is not using them. She underwent a left C3-4 medial branch nerve radiofrequency neurotomy on 11/13/2013 and reported a 60% pain reduction, although she does have some continue sensitivity and numbness. The physician is now requesting a radiofrequency ablation for the C3-4 areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation for the C3-4 areas: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd. Edition, (2004) Radiofrequency Neurotomy, Neurotomy and Facet Rhizotomy is Optional for Chronic Regional neck pain, page 174, Official Disability Guidelines (ODG), Neck and Upper Back Chapte

Decision rationale: Regarding the request for radiofrequency ablation for the C3-4 areas, California MTUS Guidelines do not address this topic. Therefore, California MTUS, ACOEM, and Official Disability Guidelines have been referred to in this case. Under ACOEM it states that there is limited evidence regarding the efficacy of radiofrequency neurotomy for chronic neck pain. Under Official Disability Guidelines, it states that the criteria for the use of a cervical facet radiofrequency neurotomy consists of no more than 2 joint levels to be performed at 1 time, and while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. As such, the patient has already undergone one C3-4 level radiofrequency ablation in 11/2013 which is only 2 months ago. Therefore, with the patient's request not meeting guideline criteria for a repeat radiofrequency ablation, the requested service is non-certified.