

Case Number:	CM13-0025989		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2010
Decision Date:	07/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 expert 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 injured worker is a 57-year-old with a reported injury on June 6, 2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated September 17, 2013 reported that the injured worker complained of neck pain. The physical examination was not provided within the clinical notes. It was reported that the injured worker has undergone a previous radiofrequency lessening on the right side following positive medial branch blocks. The radiofrequency lessening procedure was performed in November of 2012. The injured worker's prescribed medication was to include tramadol and Robaxin. The injured worker's diagnoses were not provided within the clinical notes. The provider requested right C5, C6, C7 radiofrequency ablation due to the injured worker's returned pain. The Request for Authorization was submitted on September 24, 2013. The injured worker's prior treatments included a previous radiofrequency lessening to the C5, C6 and C7 levels under fluoroscopy guidance and a home-based independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5 radiofrequency ablation Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Treatment; Integrated Treatment/Disability Duration Guidelines-Neck and Upper Back (Acute and Chronic).

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), Low back, facet joint radiofrequency neurotomy.

Decision rationale: The injured worker complained of neck pain. The rationale for the radiofrequency ablation is due to the positive results from previous ablation. The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommend radiofrequency neurotomy for the treatment of select patients with low back pain. 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. The Official Disability Guidelines state facet joint radiofrequency neurotomy has conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. This is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. It is noted that the injured worker had 80% relief of pain for seven months; however, there is a lack of clinical information indicating functional gain with previous ablations. The guidelines recommend this procedure to be done under fluoroscopy and the request does not contain this recommendation. The request for one C5 RFA is not medically necessary or appropriate.

Right C6,C7 radiofrequency ablation (x levels) Quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Treatment; Integrated Treatment/Disability Duration Guidelines-Neck and Upper Back (Acute and Chronic).

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), Low back, facet joint radiofrequency neurotomy.

Decision rationale: The injured worker complained of neck pain. The treating physician's rationale for the radiofrequency ablation is due to positive results from previous ablation. The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommend radiofrequency neurotomy for the treatment of select patients with low back pain. 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. The Official Disability Guidelines state facet joint radiofrequency neurotomy has conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. This is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. The guidelines recommend this procedure to be done under fluoroscopy and the request does not contain this recommendation. The request for right C6, C7 RFA (x levels), quantity of two, is not medically necessary or appropriate.

