MAXIMUS Federal Services

Case Number:	CM13-0029105		
Date Assigned:	11/27/2013	Date of Injury:	03/01/2001
Decision Date:	01/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine and Pulmonary Disease 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 52-year-old male who reported an injury on 03/01/2001. The mechanism of injury was repeated trauma related to job duties. He is status post multiple lumbar and thoracic surgeries, a cervical fusion, has a spinal cord stimulator, and is now considered permanent and stationary. The patient had an initial thoracic radiofrequency ablation done in 2011 with a reported benefit of 75 percent. A more recent thoracic median branch nerve block was performed bilaterally to T2, T3, and T4 on 09/09/2013 with a noted 100% decrease in pain for approximately 7 days. The patient reports that his pain limits his activities and therefore spends most of his day in bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat thoracic radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 05/10/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint radiofrequency.

Decision rationale: Although evidence suggests that thoracic radiofrequency treatment is only intermediately effective, the Official Disability Guidelines recommend radiofrequency neurotomy if the patient meets certain criteria. This criterion includes a diagnosis of facet joint pain, adequate diagnostic blocks reporting an improvement in pain levels on a VAS scale, no more than 2 joint levels to be performed, an accompanying plan of rehabilitation, and at least a 50% relief for 12 weeks from the initial injection if it is a repeat procedure. Although the clinical notes submitted for review show symptoms of facet joint pain, the report of a successful diagnostic block and the report of a 75% benefit from the initial neurotomy in 2011, have no supporting objective documentation. The most recent note states that the patient reports 100% relief from the diagnostic block but then rates his pain level as 6/10; there is no interim scoring of his pain. In addition, there are no records from 2011 objectively documenting the effectiveness of the initial radiofrequency procedure or submission of an official plan of adjunct rehabilitation, home exercise or otherwise. Also not included is a specification of how many ablations are to be done and at what sites.