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| Case Number: | CM13-0034233 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 12/07/2011 |
| Decision Date: | 04/07/2014 | UR Denial Date: | 10/01/2013 |
| Priority: | Standard | Application Received: | 10/10/2013 |

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 New York. He/she has been in active clinical practice for more than five years and is currently working least at 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 has chronic neck pain with radiation to lower extremities. The patient has a date of injury of December 7, 2011. The injury occurred when the patient was attempting to remove paper from a machine at work. The patient is taking multiple medications including gabapentin, Klonopin hydrocodone tramadol. On physical exam there is reduced range of cervical motion. There is spasm and tenderness to palpation of the posterior neck muscles and trapezius. There is a positive foraminal compression test and a positive Spurling's test. There is decreased sensation at C5 C6-C7 and C8 bilaterally. Muscle testing shows 4-5 strength at C5 C6-C7 and C8 on the right. On the left is 3/5 strength at C5-6-7 and 8. The patient has a positive impingement sign. X-ray of the cervical spine shows C5-C6 severe narrowing with spurring and loss of lordosis. MRI of the cervical spine from April 8, 2012 documents multilevel cervical disc degeneration. Electrodiagnostic report dated February 9, 2012 shows mild left ulnar neuropathy. The patient received epidural steroid injections on July 20, 2012 and therapeutic facet blocks on August 10, 2013. At issue is whether urgent multiple level radiofrequency ablation treatment is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent radiofrequency rhizotomy cervical spine C4-C5, C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): s 298-301.

Decision rationale: This patient does not meet established ODG and MTUS criteria for urgent radiofrequency ablation at multiple levels. Specifically, the patient's physical exam documents radicular findings and weakness in the bilateral upper extremities. There are also sensory changes in the bilateral upper extremities. The patient has pain radiating into the extremities. According to guidelines, Radiofrequency ablation is not appropriate for patients who have radiculopathy. Since this patient has radiculopathy documented on physical examination, criteria for radiofrequency ablation are not met. In addition, guidelines indicate that no more than 2 levels of radiofrequency ablation should be performed in the same setting. Also, the medical records do not contain adequate documentation from previous medial branch blocks. Established guidelines for radiofrequency ablation are not met.