

Case Number:	CM13-0034863		
Date Assigned:	12/11/2013	Date of Injury:	01/23/2008
Decision Date:	02/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Shoulder and Elbow Surgery 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 61-year-old female who reported an injury on 01/23/2008 due to cumulative trauma. Previous treatments included left shoulder surgery, neck surgery, right elbow ulnar nerve transposition, fasciectomy of the right hand, right total hip replacement, spinal cord stimulator trial, chiropractic care, massage therapy, physical therapy, home exercise program, medications, injection, and a TENS unit. The patient received a radiofrequency ablation at the C3-5 levels that provided 75% pain relief. The patient's most recent clinical examination findings revealed an obese patient ambulating normally without any assistive devices. The patient's diagnoses included chronic pain syndrome and lumbosacral spondylosis. The patient's treatment plan included continuation of medications and an additional radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A radiofrequency ablation at the C3, C4 and C5 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM states there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n = 24, 28). Caution is needed due to the scarcity of high-quality studies. The ODG state that while repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the 1st procedure. Duration of effect after the 1st neurotomy should be documented for at least 12 weeks as greater than 50%. The clinical documentation submitted for review does not provide evidence that the patient has had at least 6 months of pain relief as result of the prior radiofrequency ablation on the left side. Therefore, bilateral radiofrequency ablations would not be indicated. Additionally, although the patient reported 75% pain relief, there was no documentation of increased functional benefit or medication reduction to support an additional radiofrequency ablation. As such, the requested radiofrequency ablation at the bilateral C3, C4, and C5 levels are not medically necessary or appropriate.