

Case Number:	CM13-0035681		
Date Assigned:	12/13/2013	Date of Injury:	06/20/2001
Decision Date:	01/31/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York, 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 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.

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 50-year-old female the date of injury June 20, 2001. The patient has chronic neck and arm pains. Physical examination reveals reduced range of motion tenderness to palpation of the neck muscles. Tinel's of the right radial median ulnar nerves is positive. Positive right Phalen's test. There is hyperreflexic in the upper extremities. Motor strength is reportedly normal in the bilateral upper extremities. There is decreased sensation of the fourth and fifth digits bilaterally. Diagnoses include carpal tunnel syndrome, cervical disc degeneration with facet arthropathy, and mild ulnar neuropathy. Electrodiagnostic studies from March 2011 suggest cervical radiculopathy involving the bilateral C5 and C6 roots. There is also median sensory neuropathy around the wrist. Treatment has included medications, physical therapy, and right revision carpal tunnel release. The patient had radiofrequency ablation to the cervical spine on 6/26 /2013. Diagnostic medial branch block out bilateral C4-5 and C5-6 was performed on June 26, 2013. The patient reported 75% pain relief for 2-3 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical spine radiofrequency ablation with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient does not meet evidence-based guidelines for facet ablation treatment. The medical records indicate that the patient underwent diagnostic medical branch block on 6/26/ 2013 with 75% pain relief for 2-3 days. The medical records indicate that during this procedure IV sedation was used. IV sedation according to guidelines may negate the results of the diagnostic block. Additionally this patient has evidence in the medical records of radicular findings correlating with the bilateral C5 and C6 nerve roots. Prior electrodiagnostic studies indicate findings of cervical radiculopathy involving the bilateral C5 and C6 nerve roots. Guidelines indicate that the use of facet ablation procedures are not indicated for patients with radicular type pain. The medical records also do not indicate that this patient has a formal rehabilitation plan following the performance of neurotomy. Established guidelines for radiofrequency ablation of the cervical spine are not met.