

Case Number:	CM13-0037548		
Date Assigned:	12/18/2013	Date of Injury:	02/05/2000
Decision Date:	03/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 58-year-old male who reported an injury on 02/05/2000. The patient is diagnosed with pain in a joint of the shoulder and cervical spondylosis. The patient was seen by [REDACTED] on 09/09/2013. The patient reported ongoing left-sided neck pain. The patient is status post a diagnostic medial branch block on 02/10/2013 at C4-7 which provided 70% pain relief. Physical examination revealed negative Spurling's maneuver, positive provocation testing on the left, 2+ deep tendon reflexes, and intact sensation. Treatment recommendations included a radiofrequency ablation of the medial branch on the left at C4, C5, C6, and C7 under fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation median branch left cervical C4, C5, C6, and C7 as outpatient between 10/2/2013 and 11/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Radiofrequency Neurotomy

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief from chronic neck pain has been achieved in about 60% of cases across 2 studies. Caution is needed due to the scarcity of high quality studies. As per the clinical documentation submitted, the patient underwent medial branch blocks on 02/10/2013. Although it is stated that the patient reported 70% pain relief, there was no documentation of objective measurable improvement. There is also no evidence of a failure to respond to recent conservative treatment. There were no imaging studies provided for review. The current request for the cervical spine radiofrequency nerve ablation consists of a 4 level request. Official Disability Guidelines recommend no more than 2 levels at a time, as with medial branch blocks and facet injections. There is also no documentation of a rehabilitation plan. Based on the clinical information received, the request is non-certified.