

Case Number:	CM13-0041073		
Date Assigned:	12/20/2013	Date of Injury:	12/16/2008
Decision Date:	03/14/2014	UR Denial Date:	09/30/2013
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 Occupational Medicine 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 has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 30, 2013. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple prior cervical and lumbar radiofrequency ablation procedures and medial branch blocks; MRI imaging of the cervical spine of February 15, 2012, notable for multilevel degenerative disc disease and multilevel moderate-to-severe bilateral foraminal narrowing; electrodiagnostic testing of August 15, 2013, notable for chronic distal peroneal neuropathy; epidural steroid injection therapy in unspecified amounts; and work restrictions. It does not appear that the patient's limitations have been accommodated by the employer, although this is not clearly stated. In a utilization review report of September 30, 2013, the claims administrator denied a request for radiofrequency lumbar and cervical ablation procedures. It was noted that the patient had numerous previous medial branch blocks and radiofrequency ablations over the life of the claim, including cervical radiofrequency ablation procedures in August 2013. The patient's attorney later appealed, on October 4, 2013. An earlier note of September 18, 2013 is notable for comments that the patient reports continued severe pain. It is stated that the patient would like to return to his former work but now feels that this would not be possible. Limited cervical and lumbar range of motion is noted with weakness of his left shoulder rotator cuff muscles. A later note of November 20, 2013 is notable for comments that the patient is unchanged. The patient acknowledges that he is essentially unchanged. He needs medication refills. He was given refills of Naprosyn and tramadol. His work status is reportedly unchanged. The patient states that the previous injections are beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

RF Ablation back procedure with [REDACTED]: 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), Low Back Chapter, updated 5/10/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, facet neurotomy should be performed only after appropriate investigation involving differential dorsal ramus medial branch blocks. In this case, the patient has had prior radiofrequency ablation procedures involving the lumbar spine. There is no clear evidence of functional improvement as defined in MTUS 9792.20(f) following completion of the same. The patient has failed to return to work. The patient has failed to exhibit any improvement in terms of work status, work restrictions, and/or diminished reliance on medical treatment. The patient remains highly reliant on various forms of medical treatment, including medications, injections, etc. It is further noted that the overall ACOEM recommendation on facet injections in Chapter 12, Table 12-8 is "not recommended." Thus, the request is not certified both owing to the patient's unfavorable response to the previous injections and owing to the unfavorable ACOEM recommendation on the procedures in question

RF Ablation neck procedure with [REDACTED]: 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), Low Back Chapter, updated 5/10/13.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, there is limited evidence that radiofrequency neurotomy/radiofrequency ablation procedures may be effective amongst those applicants who have had a positive response to facet injections. In this case, however, the patient has already had prior cervical radiofrequency ablation procedures. There is no clear evidence of functional improvement as defined by the parameters established in MTUS 9792.20(f) following completion of the same. The patient has failed to return to work. The patient remains highly reliant on various medical treatments including injections and medications. Pursuit of repeat radiofrequency ablation procedures is not recommended in the face of the patient's failure to demonstrate functional improvement as defined in MTUS 9792.20(f) through prior blocks. Accordingly, the request for repeat blocks is not certified, on independent medical review.

