

Case Number:	CM13-0045095		
Date Assigned:	12/27/2013	Date of Injury:	05/15/2007
Decision Date:	03/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 35 year old female who reported an injury on 05/15/2007. The mechanism of injury was not provided for review. The patient's treatment history included a lumbar radiofrequency ablation in 08/2013, chronic medication usage, a radiofrequency ablation at the bilateral C3-4 and C4-5 in 09/2010. The patient's physical examination findings included tenderness to palpation over the bilateral trapezius, levator scapular with restriction of range of motion described as 50% of extension, and 50% of left lateral bending with a negative Spurling sign. The patient's diagnoses included lumbar facet arthrosis, cervical facet arthrosis, cervical degenerative disc disease, and depression. The patient's treatment plan included trigger point injections, continuation of medications, continuation of psychological support, and a repeat radiofrequency rhizotomy at the C3-4 and C4-5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Bilateral C3-4, C4-5 Medial Branch Facet Radiofrequency Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The requested repeat bilateral C3-4, C4-5 medial branch facet radiofrequency rhizotomy is not medically necessary or appropriate. Official Disability Guidelines recommend repeat radiofrequency ablations be based on documentation of 50% or more pain relief for greater than 3 months with associated medication reduction and increased functional activity. The clinical documentation submitted for review does indicate that the patient had received a radiofrequency ablation at the requested levels approximately 3 years ago. It is noted that the patient had a good result from this radiofrequency ablation. However, there was no objective evidence to determine the efficacy of the prior procedure. Documentation failed to include any evidence of pain reduction or duration of pain reduction. There was no documentation of objective functional benefit or medication reduction resulting from the prior procedure. Therefore, an additional cervical facet radiofrequency neurotomy would not be indicated. As such, the requested repeat bilateral C3-4, C4-5 medial branch facet radiofrequency rhizotomy is not medically necessary or appropriate.