

Case Number:	CM13-0047912		
Date Assigned:	04/04/2014	Date of Injury:	05/07/2002
Decision Date:	05/23/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in California 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical medial branch block procedures; earlier lumbar radiofrequency ablation procedure; and the apparent imposition of permanent work restrictions. The applicant does not appear to be working with permanent limitations in place. In a Utilization Review Report of October 10, 2013, the claims administrator denied a request for repeat bilateral cervical radiofrequency ablation procedures, citing a variety of non-MTUS Guidelines, including Third Edition ACOEM Guidelines and ODG Guidelines, although the MTUS does address the topic at hand. The Third Edition ACOEM Guidelines, it is incidentally noted, were mislabeled. In its rationale, the claims administrator stated that the applicant underwent cervical medial branch blocks on July 29, 2013. The question, however, was posed as a repeat radiofrequency ablation procedure, it is incidentally noted; however, the claims administrator did not specifically allude or mention the claimant's having had a prior radiofrequency ablation procedure in its rationale. On May 2, 2013, the claimant's attending provider sought authorization for diagnostic cervical medial branch blocks. The applicant underwent lumbar medial branch radiofrequency ablation procedures at L4-L5 and L5-S1 on June 11, 2013. The applicant underwent C3 through C5 medial branch blocks on July 29, 2013. In a clinical progress note of October 1, 2013, the applicant was described as having undergone prior cervical medial branch blocks on July 29, 2013 which provided 80% relief of neck symptoms for about two days. The applicant stated that he would like to undergo repeat cervical radiofrequency ablation procedures which were done in October 2011 and January 2012. The applicant was on tramadol, Tylenol, and Norco, it was noted, and was continuing to smoke. The applicant also has advanced knee arthritis and is considering a knee replacement. The applicant

exhibited diminished cervical range of motion and well-preserved upper extremity motor strength with the exception of the thumb muscles, which were thought to be weakened secondary to superimposed carpal tunnel syndrome. A multilevel cervical radiofrequency ablation procedure was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BILATERAL CERVICAL RADIO-FREQUENCY PROCEDURE FROM C3 TO C5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 174, there is limited evidence that radiofrequency neurotomy procedure may be effective in relieving or reducing cervical facet joint pain amongst applicants who have had a positive response to facet injections. In this case, however, the applicant has had two prior cervical radiofrequency ablation procedures in 2011 and 2012, the attending provider has posited. There has been no evidence that the applicant has achieved any lasting benefit or functional improvement through the same. The applicant seemingly is off of work. The applicant remains highly reliant on various medications, including Tylenol, Norco, tramadol, Voltaren, etc. All of the above, taken together, imply that the prior cervical radiofrequency ablation procedures were not successful in achieving any long-term benefit. Finally, it is noted that the overall ACOEM recommendations on all forms of facet injections, both diagnostic and therapeutic, in Chapter 8, Table 8-8, page 181 is "not recommended." Accordingly, the request is not certified, on Independent Medical Review.