

Case Number:	CM13-0048709		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2001
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Oklahoma and Texas. 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 68-year-old male who reported an injury on 02/04/2001. The mechanism of injury was not provided for review. The patient ultimately underwent radiofrequency ablation on the right side of the facet joints at the C3, C4, C5, and C6 levels. This procedure reportedly allowed the patient to continue working, reducing the patient's pain by at least 70% for approximately 1 year. The patient had improved cervical range of motion and reduced medication usage. The patient's most recent clinical findings included cervical spine discomfort with range of motion, and tenderness to palpation over the bilateral cervical facet joints. It was noted that the patient's upper extremity, motor, and sensory examinations were without any deficits. The patient's diagnoses included right-sided cervical facet pain. The patient's treatment plan included a radiofrequency ablation 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:

Right Cervical Radiofrequency Ablation at C3-4 & C4-5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The requested right-sided radiofrequency ablation at the C3-4 and C4-5 is medically necessary and appropriate. The American College of Occupational and Environmental Medicine states "there is good-quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief of pain." Additionally, Official Disability Guidelines recommends repeat cervical facet radiofrequency ablations when there is documentation of at least 12 weeks of greater than 50% sustained pain relief. The clinical documentation submitted for review does provide evidence that the patient had pain reduction of approximately 70% for 14 months, with an ability to continue to work and increased cervical range of motion. The clinical documentation does not provide any evidence that the patient has radicular pain, and it is noted that the patient's pain has returned to the right-sided cervical facet joints. Therefore, an additional radiofrequency ablation at the requested levels would be indicated. As such, the request for the right cervical radiofrequency ablation at the C3-4 and C4-5 is medically necessary and appropriate.