

Case Number:	CM13-0051249		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2012
Decision Date:	09/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery 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:

This is a 36-year-old female who was injured in a work-related accident on 2/14/12. The records specific to the claimant's neck include a progress report dated 8/1/13 where the claimant was noted to be with continued complaints of pain about the neck. It stated at that time that the claimant was status post a 7/18/13 diagnostic right C2-3 and right C4-5 medial branch block demonstrating 70% pain relief. Objective findings showed 5/5 motor strength of the upper extremities, cervical tenderness with facet joint maneuvers, and no nerve root tension signs. The claimant was diagnosed with cervical facet joint syndrome with positive response to previous diagnostic blockade. The recommendations at that time were for a facet radiofrequency ablation neurotomy at the right C2-3 and right C4-5 levels. The current clinical records fail to demonstrate recent conservative measures or other forms of conservative measures that have been utilized with regard to the claimant's cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPIC ALLY GUIDED RIGHT C2-C3 AND RIGHT C4-C5 RADIOFREQUENCY NERVE ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines NECK AND UPPER BACK. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 174.

Decision rationale: Based on California ACOEM Guidelines, radiofrequency neurotomy would not be indicated. Currently, there is only limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain in patients with positive response to facet injections. Long term benefit in the chronic patient is noted to have been limited. Guidelines indicate that caution is indicated due to the scarcity of high-quality studies demonstrating the efficacy of this procedure. Based on the above, the use of a radiofrequency neurotomy in this individual with chronic neck complaints and no current documentation of other forms of conservative care is not medically necessary and appropriate.