

Case Number:	CM13-0056224		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2000
Decision Date:	05/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 61-year-old female with a date of injury of 09/18/2000. The listed diagnoses per [REDACTED] are: 1. Sprain of back. 2. Chronic pain in the neck. 3. Cervical syndrome. According to report dated 10/30/2013, the patient has continued complaints of the left wrist, left hand, and neck pain. It is noted that the patient continues especially with right-sided cervical pain. Examination reports the patient has discomfort with extension and sensory is intact. This is the extent of the physical examination. It was noted medications helped to manage the symptoms. The treater is requesting a right-sided cervical radiofrequency ablation at C3-C4 and C4-C5. Report from 10/02/2013 states the patient has a diagnosis of right cervical facet pain. Examination revealed stiffness and discomfort with cervical extension/rotation, tenderness noted at cervical facet joints and paraspinous muscles. Upper extremity motor and sensory is intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SIDE CERVICAL RADIOFREQUENCY AT C3-4 AND C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with continued right sided cervical pain. The treater is requesting a right sided cervical radiofrequency at C3-4 and C4-5. ACOEM guidelines page 174 incidentally notes under foot note: "There is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28)." For further discussion, ODG Guidelines states for RF ablation, "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in VAS score, decreased medication and documented improvement in function." In this case, review of the reports show that this patient had a right- sided C3-C4, C4-C5 and C5-C6 medial branch rhizotomy using standard radiofrequency on 06/25/2012. Progress reports following this procedure are not available and the patient's response is not clear. The treater currently does not provide much discussion regarding prior procedure such as pain relief, functional improvement or medication reduction. For repeat RF ablation, ODG guidelines require documentation of pain and functional changes. Furthermore, the request is for 3-level procedure. ODG guidelines only support two levels. Recommendation is for denial.