

Case Number:	CM13-0062961		
Date Assigned:	01/17/2014	Date of Injury:	04/20/1994
Decision Date:	05/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 is licensed to practice in Arizona. 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 patient is a 55-year-old female with a date of injury on 4/20/94. This injured worker has a prolonged history of neck and back pain. She has undergone significant procedures including lumbar epidural injections and multiple cervical medial branch blocks and radiofrequency ablation. She has also undergone physical therapy. Cervical spine MRI on 9/18/13 showed C3-4 disc bulge and osteophytes and some right foraminal stenosis, C5-6 degenerative disc disease with posterior bony ridging, and central stenosis and bilateral foraminal stenosis. The treating physician on 11/25/13 recommended repeat cervical radiofrequency ablation (RFA) at bilateral C3/4/6. The patient was complaining of neck and back pain. The examination showed bilateral facet tenderness at C3-4/5/6, paraspinous tenderness, pain with all directions; worse with cervical extension, Spurling test is negative, reflexes 2+, strength 5/5. The diagnoses provided were cervical spondylosis, herniated nucleus pulposus, lumbosacral radiculitis and lumbar spondylosis. It is also noted that this patient previously underwent left C3/4/5/6 RFA on 2/27/12 with 90% improvement. On 1/19/12, she had a left C3/4/5/6 diagnostic medial branch block with complete relief of neck pain. On 6/1/11, right C3/4/5/6 RFA with 75% relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL NERVE DENERVATION BILATERAL 3/4, 4/5, 5/6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back 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 chapter: radiofrequency neurotomy

Decision rationale: Official disability guidelines consider this procedure to be under study; conflicting evidence, primarily observation. This patient has previously undergone radiofrequency ablation with improvement; however, the duration of improvement is not specified. Therefore, a repeat procedure does not seem to conform to the approved evidence-based guidelines