MAXIMUS Federal Services

Case Number:	CM13-0063563		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2010
Decision Date:	05/12/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/10/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 male patient with the date of injury of February 5, 2010. A utilization review determination dated November 14, 2013 recommends modification of outpatient radiofrequency ablation at T3-T4, T4-5, T5-6 under fluoroscopic guidance, IV sedation and non-certification of Cyclobenzaprine (Flexeril) 7.5mg number ninety (90). The previous reviewing physician recommended modification of outpatient radiofrequency ablation at T3-T4, T4-5, T5-6 under fluoroscopic guidance with IV sedation to no more than two joint levels are to be performed at one time and non-certification of Cyclobenzaprine (Flexeril) 7.5mg number ninety (90) due to lack of documentation of functional improvement from any previous use. A Visit Note dated November 11, 2013 identifies Subjective Complaints of pain 410 on the VAS scale. He notes that he will get "knots" in his back, especially in the left shoulder blade. Objective Findings identify the injection sites are unable to be visualized but the area shows no signs of erythema, swelling, discharge, bleeding. Diagnoses identify spondylosis thoracic. Treatment Plan identifies he would like to proceed with the RFA procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION AT T3-4, T4-5, T5-6 UNDER FLUOROSCOPIC GUIDANCE, IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, FACET JOINT INJECTIONS THORACIC.

Decision rationale: Regarding the request for outpatient radiofrequency ablation at T3-T4, T4-5, T5-6 under fluoroscopic guidance, IV sedation, California MTUS does not address the issue. ODG states thoracic facet joint injections are not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. As such, the currently requested outpatient radiofrequency ablation at T3-T4, T4-5, T5-6 under fluoroscopic guidance, IV sedation is not medically necessary.

CYCLOBENZAPRINE 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.