

Case Number:	CM13-0064692		
Date Assigned:	01/03/2014	Date of Injury:	06/08/1999
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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, 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 patient is a 53 year old male with date of injury 6/8/99. The treating physician report dated 11/5/13 indicates that the patient has pain affecting the cervical spine with headaches and radiating pain into the arms and fingers. The current diagnoses are: 1.Cervical nerve pain 2.Cervical disc disease 3.Failed neck surgery syndrome The utilization review report dated 11/25/13 denied the request for radiofrequency nerve ablation at C4, 5, 6, 7 and T1 bilaterally based on the rationale of the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION AT C4, C5, C6, C7, T1 BILATERALLY WITH CINEFLUROSCOPY AND FLUOROSCOPICALLY GUIDED NEEDLE PLACEMENT:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The patient presents with neck pain, headaches and bilateral arm pain. There are no physical examination findings reported in the 11/5/13 treating physician report other than "the patient was in no acute distress and that the patient shows clear thinking and speech." There is documentation that this same procedure was performed on 2/27/13 and the follow up appointment on 4/9/13 states the patient has pain that is an 8/10 down from a 9+/10 with no functional improvements noted. The MTUS guidelines do not address radiofrequency ablation. However, ODG guidelines provide specific criteria for this procedure. The criteria for facet joint radiofrequency neurotomy states no more than 2 levels are to be performed at one time. There also should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. For repeat RF ablation, 50% reduction of pain lasting at least 12 weeks are required. In this request, four levels of facet joints are proposed which exceeds what is allowed by ODG guidelines. Furthermore, the patient did not experience 50% reduction of pain from the last procedure. Recommendation is for denial.