

Case Number:	CM13-0067228		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2010
Decision Date:	09/08/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The claimant is a 58-year-old who sustained injuries to the neck in work related accident on 12/08/10. The medical records provided for review included the 11/08/13 orthopedic assessment noting complaints of neck pain and headaches and that the facet joint injections on 10/25/13 at the left C2 through 4 levels provided only 4 hours of pain relief. Physical exam showed mildly restricted range of motion of the cervical spine with tenderness over the facet joints, positive pain with palpation, and diminished sensation to light touch in the left upper extremity compared to the right. The documentation indicates that a prior MRI scan revealed disc protrusions at C5-6 and C6-7. The claimant's working diagnosis was cervical spine strain, occipital neuralgia, and facet arthropathy. Radiofrequency ablation at the left C2 through C4 level was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION OF FACET JOINTS LEFT SIDE AT C2-3 AND C3-4:
Upheld

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

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

Decision rationale: The ACOEM Guidelines state that there is limited evidence that radiofrequency neurotomy is effective in relieving or reducing cervical facet joint pain among patients with a positive response to facet injections. It indicates that this form of procedure should be utilized with caution with a scarcity of high quality studies demonstrating efficacy. Based on the recommendation of the ACOEM Guidelines, the request for radiofrequency ablation of the facet joints on the left at C2-3 and C3-4 cannot be recommended as medically necessary.