

Case Number:	CM13-0070234		
Date Assigned:	01/03/2014	Date of Injury:	02/12/2010
Decision Date:	04/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 69-year-old male who reported an injury on 02/12/2010. The mechanism of injury was not stated. The patient is currently diagnosed with cervical facet arthropathy, cervical disc degeneration, status post anterior cervical discectomy and fusion from C4 through C7 in 2012, and C3-4 facet arthropathy confirmed by facet blocks. The patient was seen by [REDACTED] on 11/15/2013. The patient reported increasing upper neck pain with associated headaches. Physical examination on that date revealed a right anterior neck incision, tenderness over the paracervical muscles, decreased sensation in the left C8 dermatomal distribution, decreased cervical range of motion, and 5/5 motor strength on the right. Motor strength and reflexes were not tested in the left upper extremity secondary to a recent surgery. Treatment recommendations at that time included a C2-3 and C3-4 radiofrequency ablation. It is noted that the patient previously underwent cervical medial branch radiofrequency neurotomy at C3-4 on 02/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION AT C2-3 & 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): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Official Disability Guidelines state treatment requires a diagnosis of facet joint pain. Repeat neurotomies may be required; however, they should not be required at an interval of less than 6 months from the initial procedure and there should be documentation of greater than 50% relief for at least 12 weeks. As per the documentation submitted, the patient underwent radiofrequency neurotomy at C3-4 on 02/12/2013. While it was noted that the patient reported approximately 70% improvement in symptoms, there was no documentation of objective improvement. There is also no documentation of facet-mediated pain upon physical examination. The request for radiofrequency ablation at C3-3 and C3-4 is not medically necessary and appropriate.