MAXIMUS Federal Services

Case Number:	CM14-0005816		
Date Assigned:	02/05/2014	Date of Injury:	01/06/1997
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, 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:

The injured worker is a 73 year old male who reported an injury to his cervical region on 01/06/97. However, a review of the submitted documentation revealed no information regarding the initial injury. The clinical note dated 12/18/13 indicates the injured worker complaining of low back and neck pain. The pain was rated as 7-9/10. The injured worker also had complaints of the pain affecting his ability to sleep. An MRI of the cervical spine completed on 05/11/02 revealed a C3-4 disc bulge flattening the dural sac. Additional significant findings were also revealed at C5-6 and C6-7. The clinical note dated 10/09/13 indicates the injured worker complaining of increasing pain at the cervical spine. Radicular pain was also identified at the right upper extremity. The procedural note dated 04/03/13 indicates the injured worker undergoing an epidural steroid injection at C5-6 and C6-7 under fluoroscopy. The clinical note dated 12/26/12 indicates the injured worker complaining of cervical region pain. Radicular symptoms continued in the right upper extremity to include weakness. There is an indication the injured worker has undergone a cervical MRI which revealed a diffused disc bulge at C3-4 and moderate disc space narrowing with an anterior osteophyte at C5-6. A disc bulge flattening the dural sac was also identified at C6-7. The previous request for a radiofrequency ablation at C3, C4, C5, and C6 resulted in a denial as no information was submitted regarding the injured worker's response to a previous radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT RADIOFREQUENCY ABLATION AT C3,4,5,6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8 - NECK AND UPPER BACK COMPLAINTS, 173

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Radiofrequency Neurotomy

Decision rationale: The documentation indicates the injured worker complaining of pain at the neck and low back. A repeat radiofrequency ablation in the cervical region would be indicated provided the injured worker meets specific criteria to include a 50% reduction in pain for a minimum of 12 weeks and there has been at least a 6 month interval between procedures. Despite the clinical notes indicating a previous ablation procedure in the cervical region, there was no information regarding the dates or any objective data confirming a positive response. Given these factors, this request is not indicated as medically necessary.