

<b>Case Number:</b>	CM14-0008893		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Neurology has a subspecialty in Neurocritical care 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 52-year-old female with a 1/3/00 date of injury, when she jammed her elbow in an open desk drawer. Her diagnoses are reflex sympathetic dystrophy, cervicocranial syndrome, postlaminectomy syndrome, cervicalgia, cervical disc degeneration, migraines, and anxiety. 12/17/13 progress note described increased migraines for the last 5 days. The patient reported completely resolved occipital pain and headaches for 7 months after the last bilateral greater occipital nerve pulsed radiofrequency ablation. Treatment to date has included radiofrequency lesion of the bilateral greater occipital nerve, pain pump, bilateral shoulder arthroscopy, bilateral ulnar nerve transpositions at the elbow, bilateral carpal tunnel releases, and cervical arthrodesis at C5-6. The treating provider has requested outpatient radiofrequency destruction of the occipital nerve, bilateral, under fluoroscopy, with sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT RADIOFREQUENCY DESTRUCTION OF THE OCCIPITAL NERVE, BILATERAL, UNDER FLUOROSCOPY, WITH SEDATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed Radiofrequency Treatment (Prf).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

**Decision rationale:** Medical necessity for the requested treatment is not established. This request obtained an adverse determination, as CA MTUS does not support this procedure. However, no additional medical records were provided. Records indicate that the procedure includes pulsed radiofrequency of the greater occipital nerve, not supported by the applicable MTUS chronic pain medical treatment guidelines reference.

**FOLLOW UP OFFICE VISIT:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** The MTUS guidelines support follow-up visits for those patients with neck or upper back complaints for counseling, medication use, and other concerns. It is noted in the records that the patient has what sounds like cervicogenic headaches and a fairly significant chronic pain syndrome. Greater occipital nerve pulsed radiofrequency ablations are not consistent with the MTUS guidelines and therefore have not been recommended for certification however, it is recommended that the patient follow-up for consideration of alternative means of treatment.