

Case Number:	CM14-0100037		
Date Assigned:	07/28/2014	Date of Injury:	01/10/2005
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 10, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; and left and right total knee arthroplasties. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for a cervical radiofrequency ablation procedure. The claims administrator invoked non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a June 18, 2014 progress note, the applicant reported persistent complaints of neck pain. The applicant was status post earlier cervical epidural steroid injection therapy, gastric bypass surgery, and left and right total knee arthroplasties. The applicant transferred care to different providers and different specialties over the years, and had moved between [REDACTED] and [REDACTED], it was suggested. The applicant's pain complaints ranged from 6-10/10. The applicant had ongoing issues with cervicogenic headaches, it was stated. The applicant had had earlier cervical facet injections, it was stated. The applicant's medication list included Levoxyl, Imitrex, Ropinirole, estrogen, verapamil, Norco, Cymbalta, Voltaren, and Flexeril. The applicant did have comorbid diabetes and was obese, with a BMI (Body Mass Index) of 33, it was stated. Paraspinal tenderness was noted. Flexeril, verapamil, Diclofenac, Cymbalta, and Norco were endorsed. A previously sought radiofrequency ablation procedure was apparently appealed. It was stated that the applicant had had earlier radiofrequency ablation procedures in March 2014 and a medial branch block procedure in July 2013. The applicant stated that she preferred brand name Cymbalta to the generic variant of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning procedure to right C3, C4, C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Lord, 1996; McDonald, 1999; Barnsley, 2005; Official Disability Guidelines (ODG): Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174; Table 8-8, page 181..

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet injections of corticosteroids, of which the radiofrequency ablation procedures in questions are a subset, are deemed "not recommended." While the MTUS Guideline in ACOEM Chapter 8, page 174 does support some limited role for radiofrequency neurotomy procedures, in this case, the applicant has had at least one prior set of radiofrequency ablation procedures. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the same. The applicant seemingly remains off of work. Persistent complaints of pain as high as 8-9/10 were noted in June 2014. The applicant remained highly reliant and highly dependent on various forms of medical treatment, including opioid agents such as Norco and adjuvant medications such as Cymbalta. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 972.20f, despite earlier cervical earlier radiofrequency ablation procedures. Therefore, the request of Radiofrequency lesioning procedure to right C3, C4, C5 is not medically necessary and appropriate.