

Case Number:	CM14-0010957		
Date Assigned:	02/21/2014	Date of Injury:	12/23/2009
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 patient is a 46-year-old female who has submitted a claim for Neuropathy in Other Diseases; Pain in Thoracic Spine; Neuralgia, Neuritis, and Radiculitis; and Reflex Sympathetic Dystrophy, associated with an industrial injury date of December 23, 2009. Medical records from 2013 were reviewed, which showed that the patient complained of significantly less pain, rated 3/10. On physical examination, there was tenderness of the scar on the mid back area. Treatment to date has included medications, chiropractic care, thoracotomy, right T4-T8 thoracic radiofrequency ablation (August 20, 2012), and T2-T9 radiofrequency ablation (May 15, 2013). The utilization review from January 14, 2014 denied the request for right T4-T8 radiofrequency ablation because the most recent progress note provided did not contain a detailed physical examination and there was no documentation of other conservative treatments tried nor was there documentation of functional benefit with previous RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT T4-T8 RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: CA MTUS does not specifically address repeat facet joint radiofrequency neurotomies. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). In this case, a repeat T4-T8 radiofrequency of the intercostal nerve is being requested due to the patient's increasing pain. However, the latest progress note reported that the patient experienced significantly less pain, rated only 3/10. Furthermore, there was no documentation of sustained pain relief from prior radiofrequency procedures. Therefore, the request for Right T4-T8 Radiofrequency Ablation is not medically necessary.