

Case Number:	CM14-0016396		
Date Assigned:	05/23/2014	Date of Injury:	02/25/2010
Decision Date:	09/12/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old individual was reportedly injured on February 25, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 13 2013, indicates that there are ongoing complaints of neck pain and low back pain extending into the bilateral lower extremities. The physical examination demonstrated a decrease in cervical spine range of motion, normal motor and sensory function, and an absent brachioradialis deep tendon reflex. Diagnostic imaging studies objectified (postsurgical changes at the L4/L5 & L5/S1 levels (to include instrumentation). Previous treatment includes multiple medications, multiple imaging studies, surgical intervention, electrodiagnostic studies and injections. A request had been made for radiofrequency ablation at multiple levels of the cervical spine and was not certified in the pre-authorization process on January 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION AT C2-5 LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine, there is limited evidence that radiofrequency neurotomy (appellation) is effective in reducing or relieving facet joint pain. It is noted that there are multiple degenerative changes in the cervical and lumbar spine and when noting the date of injury tempered by the limited information the most current examination presented for review there is insufficient data to establish any medical necessity for this multiple level appellation. Furthermore, it is not clear which side is being done, and as outlined in the literature no more than 2 levels should be approached any one time. Therefore, based on the information presented this request is not medically necessary.

BILATERAL SACROILIAC (SI) JOINT BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis, Sacroiliac Joint Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Electronically cited.

Decision rationale: MTUS/ACOEM practice guidelines do not support SI joint injections for acute, subacute, or chronic low back pain. The only clinical indication for a SI joint injection is for therapeutic treatment for rheumatologic inflammatory arthritis involving the sacroiliac joints. Review of the available medical records, fails to provide any documentation of a diagnosis of rheumatoid arthritis with SI joint arthritis. As such, this request is not medically necessary.