

Case Number:	CM14-0017627		
Date Assigned:	04/16/2014	Date of Injury:	11/09/2010
Decision Date:	07/17/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported an injury on 11/09/2010 after she was involved in an altercation with an inmate. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included a radiofrequency ablation of the cervical spine in 03/2010 that provided 60% pain relief until 08/2013. It was noted that injured worker had increased function and was able to drive with increased cervical spine range of motion as a result of the prior radiofrequency ablation. The patient underwent a left side radiofrequency ablation at the C3, C4, C5, and C6 levels in 08/2013. The patient was evaluated on 01/20/2014. It was documented that the injured worker had a 3/10 pain level that was exacerbated by frequent movement while performing normal job duties. It was documented that the injured worker had a cervical radiofrequency ablation on 08/20/2013 with a 60% decrease in neck pain and decreased headaches for approximately 5 months; however, it was noted that the injured worker was starting to have an increase in symptoms. Physical findings included decreased range of motion of the cervical spine described as 20 degrees in flexion, 5 degrees in extension, 5 degrees in left lateral rotation, and 10 degrees in right lateral rotation with a negative Spurling's sign bilaterally and +3 tenderness at the facet joints at the C3-4, C4-5, and C5-6 with a positive facet loading test. Request was made for a repeat radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT PERMANENT CERVICAL FACET INJECTION AT C3-C6 UNDER FLUOROSCOPY WITH IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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 California Medical Treatment Utilization Schedule does not address repeat radiofrequency ablation. Official Disability Guidelines do not support repeat radiofrequency neurotomy within 6 months of the first procedure. The clinical documentation does indicate that the injured worker underwent a radiofrequency ablation on 08/20/2013. Official Disability Guidelines do not support that a procedure is successful without sustained pain relief for at least 6 months. As the records provided for review only demonstrate 5 months of pain relief since the initial procedure, additional radiofrequency ablations would not be supported. As such, the requested left permanent cervical facet injections at the C3-C6 are not medically necessary or appropriate.