

Case Number:	CM14-0018161		
Date Assigned:	06/13/2014	Date of Injury:	12/26/2011
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
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 Medicine 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 injured worker is a 60 year old female who reported an injury on 12/26/2011 due to an unknown mechanism of injury. The injured worker complained of bilateral neck pain radiating to the left shoulder, left scapular, and left rib cage. She reported her pain level as 7-8/10. On 02/24/2014 the physical examination revealed tenderness to palpation of the cervical paraspinal muscles overlying bilateral C5-C7 facet joints. The nerve root signs were absent bilaterally. There were no diagnostic studies provided for review. The injured worker has the following diagnoses cervical sprain/strain, cervical joint arthropathy, and bilateral cervical facet joint pain at C5-C6 and C6-C7. The injured worker had a previous radiofrequency nerve ablation. The injured worker was on the following medications Motrin 600mg, Lidoderm 5% patch, temazepam 15mg, and tramadol 37.5/325mg. The current treatment plan is for a repeat fluoroscopically guided left C5-C6 and C6-C7 facet joint radiofrequency nerve ablation. The rationale for this procedure was to more permanently treat the injured worker's increased left neck pain radiating to the left shoulder. The request for authorization form was dated 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

A THREE MONTH SUPPLY OF IBUPROFEN 600MG BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The CA MTUS guidelines state that ibuprofen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation provided stated that the ibuprofen provides 60% improvement with the injured worker's pain and daily living. Given the above, the request for ibuprofen 600mg is medically necessary.

REPEAT FLUOROSCOPICALLY GUIDED LEFT C5-C6 AND C6-C7 FACET JOINT RADIOFREQUENCY NERVE ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The Official Disability Guidelines (ODG) state that the criteria for use of facet joint radiofrequency neurotomy includes a diagnosis of facet joint pain using a medial branch block and 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 physical examination on 01/17/14 stated that the previous radiofrequency nerve ablation provided 50% relief for 12 months; however, there was lack of documentation of a plan for additional evidence-based conservative care, improvement in VAS score, decrease of medications, and detailed documentation of improved function. Given the above, the request for a repeat fluoroscopically guided left C5-C6 and C6-C7 facet joint radiofrequency nerve ablation is not medically necessary.