

Case Number:	CM14-0117211		
Date Assigned:	09/16/2014	Date of Injury:	03/14/2012
Decision Date:	11/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 47-year-old female who has chronic neck pain and left shoulder pain. She's had physical therapy and continues to have pain. She's had epidural steroid injection and trigger joint injections. She takes narcotics. She also has low back pain. On physical examination her cervical spine is nontender. Range of motion is within normal limits. Neurologic exam is normal to sensation, motor strength and deep tendon reflexes in the upper extremities. There were no abnormal reflexes. X-rays of cervical spine show normal alignment with no evidence of fracture or degenerative changes. MRI the cervical spine from 2013 shows multilevel spondylosis from C3-C7. There is foraminal stenosis at multiple levels. At issue is whether injection therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection (unspecified amount): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter, Facet joint diagnostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Low Back Pain Chapter.

Decision rationale: This patient does not meet established criteria for facet injections. Specifically there is no documentation of medial branch block in the results of medial branch block. Is also no documentation of tenderness to facet joints. Medical necessity criteria for facet injections not met.

Radiofrequency ablation (RFA) Cervical spine (C/S): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Low Back Pain Chapter.

Decision rationale: This patient does not meet criteria for radiofrequency ablation. There is no documentation of tenderness to facet joints. Is no documentation of facet joint pain. In addition is no documentation of medial branch block in the results of medial branch block. Medical necessity criteria for radiographic ablation are not met.