

Case Number:	CM14-0124390		
Date Assigned:	08/08/2014	Date of Injury:	01/10/2011
Decision Date:	09/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 52 year-old male with date of injury 01/10/2011. The mechanism of injury is stated as falling from a 19 foot height. The patient has complained of neck, back, elbow and knee pain since the date of injury. He has been treated with radiofrequency ablation therapy, acupuncture, chiropractic therapy, physical therapy and medications. MRI of the cervical spine performed in 01/09/2012 revealed central canal narrowing at C3-6, likely secondary to congenital spinal stenosis. Patient with cervical spine tenderness to palpation, positive Spurling's test bilaterally, decreased cervical spine range of motion, tenderness to palpation of the left acromioclavicular joint, decreased right elbow range of motion, tenderness to palpation of the lumbosacral spine, decreased range of motion of the lumbar spine. Diagnoses include; cervical spine degenerative joint disease, lumbar spine strain, lumbar spine degenerative disc disease, status post superior pubic ramus fractures, status post L3 fracture, medial epicondylitis left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-4 C4-5 medial branch nerve radiofrequency ablation/fluoroscopy with MAC:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and upper back complaints Page(s): 181-183.

Decision rationale: This 52 year-old male has complained of neck, back, elbow and knee pain since date of injury 01/10/2011. He has been treated with radiofrequency ablation therapy, acupuncture, chiropractic therapy, physical therapy and medications. The current request is for C3-4 C4-5 medial branch nerve radiofrequency ablation/fluoroscopy with MAC. Per the MTUS guidelines cited above, there is limited medical evidence regarding the efficacy of radiofrequency ablation neurotomy in the treatment of neck and back pain and it is currently not a recommended procedure. On the basis of the MTUS guidelines, C3-4 C4-5 medial branch nerve radiofrequency ablation /fluoroscopy with MAC is not indicated as medically necessary.