

Case Number:	CM14-0127943		
Date Assigned:	08/15/2014	Date of Injury:	07/16/2001
Decision Date:	09/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 California. 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 had an original date of injury of 7/16/2001. The covered body regions include the neck and shoulders. There is documentation of chronic neck pain with radiation into the upper extremities, a history of cervical fusion, and shoulder bursitis. The disputed request is for pulsed radiofrequency ablation of the suprascapular nerve. A utilization review determination had denied this request citing that guidelines do not support this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right suprascapular nerve pulse radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment (PRF). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 06/10/2014 (Pulsed radiofrequency treatment (PRF)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulse Radiofrequency Ablation Section Page(s): 106-107.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 106-107 state the following regarding pulsed radiofrequency ablation: "Not recommended." Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to

radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. (BlueCross, 2005) A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate. Given this position statement and the relative dearth of evidenced based studies to support its use, the request for pulsed radiofrequency ablation is not medically necessary.