

Case Number:	CM14-0138231		
Date Assigned:	09/12/2014	Date of Injury:	04/12/2004
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old female who sustained an injury to her neck on 04/12/04 when the injured worker slipped and fell while cleaning a floor. There was no recent imaging study provided for review; however, MRI of the cervical spine dated 06/11/04 revealed central disc disease at C4 through C6 and particularly at C3-4; mild stenosis at C3-4; flattening of the cord at C4-5 with mild left sided foraminal narrowing. The progress note dated 05/29/14 reported that the injured worker continued to complain of neck pain that is getting worse. It was noted that the injured worker underwent cervical facet injections on the right side dated 01/14/13 that helped reduce pain over 50% for over a year. Medications are helpful and well-tolerated, including Norco, Ibuprofen, Tizanidine, and Nortriptyline. The injured worker rated her pain at 6-9/10 VAS with no new symptoms or neurological changes. Physical examination of the cervical spine noted gait within normal limits; 5/5 bilateral upper extremity strength; sensation intact; tenderness at the lower cervical spine, bilateral facets, and upper trapezius muscles; cervical spine range of motion limited with extension and rotation due to pain, as well as left lateral bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side radiofrequency ablation of C5-C6 & C6-C7: 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) Neck and upper back chapter, Facet joint radiofrequency neurotomy

Decision rationale: The request for a right-sided radiofrequency ablation of C5-6 and C6-7 is not medically necessary. The previous request was denied on the basis that there was no documentation of response to trigger point injections or physical therapy following the injections. Guidelines recommend evidence of a formal plan of rehabilitation in addition to facet joint arthropathy, but this is not specifically requested here. Thus, in the absence of a formal rehabilitation plan, the requested radiofrequency ablation of C5-6 and C6-7 was not deemed as medically appropriate. The Official Disability Guidelines state that treatment with this modality is under study. Conflicting evidence, which is primarily of observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. The Official Disability Guidelines also state that approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. There was no indication that the injured worker has recently undergone successful diagnostic blocks. Given this, the request for a right-sided radiofrequency ablation of C5-6 and C6-7 is not medically necessary.