

Case Number:	CM14-0153462		
Date Assigned:	09/23/2014	Date of Injury:	02/25/2010
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

57 year old female claimant with an industrial injury dated 02/25/10. The patient is status post a L4-5 fusion dated May 2012. Exam note 08/12/14 states the patient returns with chronic neck, low back, left arm greater than the right, and left leg pain. Upon physical exam there was evidence of occipital tenderness surrounding the left greater than the right. There was also crepitus on active range of motion. Conservative treatments include pain management, Fentanyl patch, Dilaudid, and Lunesta. Diagnosis was noted as cervicalgia with left greater than the right radiculopathy, C5-6 and C6-7 disc herniations, cervical spondylosis with cervicogenic headache, myofascial pain/spasm, low back pain, poor sleep hygiene due to the chronic pain, reactive depression/anxiety, and gastritis secondary to NSAIDs. Treatment includes a continuation of medication, sacroiliac block and radiofrequency ablation, and radiofrequency ablation for the cervical spine at C5-6, and C6-7. No documentation in records of prior response to medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at C5-6,C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: CA MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper Back Complaints, page 174 state there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n 24, 28). Caution is needed due to the scarcity of high-quality studies. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case the exam notes from 8/12/14 does not demonstrate prior response to medial branch blocks. Therefore the determination is for the request is not medically necessary.

Sacroiliac block and radiofrequency ablation if diagnostic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis, Sacroiliac joint blocks

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 8/12/14. Therefore the guideline criteria have not been met and the request is not medically necessary.